**UNITED STATES MARINE CORPS**
MARINE FORCES RESERVE
4400 DAUPHINE STREET
NEW ORLEANS, LOUISIANA 70146-5400

IN REPLY REFER TO:
6000
4MED
JAN 2 2 2009

FORCE ORDER 6000

From: Commander, Marine Forces Reserve
To: Distribution List

Subj: STANDING OPERATING PROCEDURES FOR MEDICAL MATTERS
(SHORT TITLE: SOP FOR MEDICAL)

Encl: (1) Marine Forces Reserve Medical Policies and Procedures

1. Situation. To promulgate medical policies and procedures with respect to medical matters to the Staff, subordinate commands, organizations, and individuals over which the Commander, Marine Forces Reserve (COMMARFORRES) exercises command or operational control.

2. Cancellation. Force Order P6000.1A.

3. Mission. This Order provides policy and procedures for the Inspector-Instructor (I-I) Medical Department Representative (MDR).

4. Execution

a. Commander's Intent

(1) This manual is designed for use on a daily basis to assist in the provision of medical support and medical administrative matters.

(2) All medical matters will be accomplished per the procedures set forth in this manual.

(3) This manual is a complete revision and should be reviewed in its entirety.

b. Subordinate Element Mission. All MDR's will periodically review and maintain all Orders, Instructions, and Messages listed in this order.

5. Recommendations. Recommendations concerning the contents of this manual are invited. Such recommendations will be forwarded to the COMMARFORRES (G-4/HSS) via the appropriate chain of command.

6. Command and Signal

a. Command. This manual is applicable to the Marine Corps and Navy Reserve.

b. Signal. Reviewed and approved this date.

R. E. BRAITHWAITE
Executive Director

Copy to: COMNAVRESFORCOM (N01M)

DISTRIBUTION STATEMENT B; ALL FORCE, 4TH MARDIV, 4TH MLG AND 4TH MAW ASSETS

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Subj: STANDING OPERATING PROCEDURES FOR MEDICAL MATTERS
(SHORT TITLE: SOP FOR MEDICAL)

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CHAPTER 1

THE UNIT HOSPITAL CORPSMAN

1. ORGANIZATIONAL RELATIONSHIPS

a. All Hospital Corpsmen serving on I-I duty independent of a medical officer, will have the title of Medical Department Representative (MDR). In Marine Forces Reserve (MARFORRES), the titles of MDR and I-I Staff Hospital Corpsman are synonymous. The MDR serves as a representative of the Surgeon General of the Navy in all health care matters at the unit or site. The MDR is directly responsible to the I-I for the health of the Active Component (AC) staff, assigned Selected Marine Corps Reserve (SMCR), and Navy RC (RC) supporting MARFORRES SMCR units. For professional medical matters, the MDR reports directly to the Battalion or Regimental Surgeon who retains authority and final responsibility to uphold medical policy. The unit I-I has the final authority and responsibility to act on medical matters or recommendations, and approve or disapprove transfer of personnel for medical reasons. The reporting senior for the MDR is the I-I or Site Commander as applicable.

b. RC Hospital Corpsmen will be identified as Program 9 HMs throughout this document. Program 9 is the designation given to naval reservists, such as 8404 HMs, who support various USMC units and activities. Program 9 HMs remain administrated by Navy Operational Support Centers in order to ensure Navy requirements are maintained. Program 9 HMs report directly to the Unit Commanding Officer (CO), not the I-I. The MDR and the Program 9 HMs will work together to ensure the highest degree of Individual Medical Readiness (IMR) and medical training readiness is achieved and sustained.

2. ASSUMPTION OF DUTIES

a. Within 30 working days after reporting for duty, the MDR shall conduct a detailed inspection of all the unit's medical spaces, records, supplies, and equipment utilizing the Commanding General's Inspection (CGI) and Force Readiness Assistance and Assessment Program (FRAAP) Check List. Whenever possible, these inspections will be performed with the outgoing MDR.

b. A written copy of the CGI and FRAAP checklist, citing all discrepancies, will be submitted to the unit I-I. Working with the unit I-I and battalion/regimental MDR, a Plan of Action and Milestones (POA&M) for the identified discrepancies shall be documented in memorandum format. A copy of the inspections and the POA&M must be maintained in the medical administrative file and a copy will be forwarded to the battalion/regimental MDR.

c. In addition to the completion of the self-inspection, the newly reporting MDR will complete the following:

(1) Establish access and/or computer based training to:

(a) Medical Readiness Reporting System (MRRS).

(b) Marine Corps Medical Entitlements Data System (MCMEDS).

(c) Composite Health Care System (CHCSII) and/or Armed Forces Health Longitudinal Technology Application (AHLTA). This is only applicable if your unit is working in with a local Military Treatment Facility (MTF) in the accomplishment of laboratory studies or immunizations.

(2) Complete the minimum assignment letters on official unit letterhead:

(a) Assignment as the MDR.

(b) Assignment as the Limited Duty and Disabilities Manager.

(c) Authorization to requisition and maintain class VIII material.

(d) Health and Dental Records access list, to include any Program 9 HMs.

3. DUTIES AND RESPONSIBILITIES

a. MANMED, Chapter 9, details the duties, training, and utilization of Hospital Corpsmen. Chapter 9, Section III also defines the nature and responsibilities of independent duty assignments. It is significant to note that Hospital Corpsmen assigned to AC staffs are not on independent duty as described in the MANMED. As the MDR, you shall be guided by and make references to instruction, regulation, and manuals issued by Bureau of Medicine and Surgery (BUMED), systems command, force, fleet and type commands, and the Unit I-I to which you are attached.

b. Primary duties of the MDR include:

(1) Coordinate and report IMR of assigned Marines.

(2) Serve as the staff advisor for the unit I-I on issues regarding the sick and injured.

(3) Working with unit medical personnel, coordinate training events utilizing unit reserve Hospital Corpsmen. Training events should also be coordinated with the I-I Training Chief.

(4) Take charge of all medical supplies (Class VIII Material) and equipment and ensure the proper receipt, expenditure, accounting, and stowage of such material. This topic is further discussed in chapter 7 of this order.

c. Medical Readiness Inspections. The principle role of SMCR units upon mobilization is to augment and reinforce the AC of the Marine Forces during times of war or contingency. Therefore, in order to support force deployment, units of the SMCR are to maintain the highest state of readiness for mobilization and subsequent deployment in support of current plans.

(1) The FRAAP is designed to evaluate mobilization deployment readiness.

(2) CGI is designed to ensure that the MARFORRES Command Inspection Program (CIP) reinforces the importance of combat readiness, evaluates the critical areas essential for mission performance, ensures compliance with regulations and policy, and serves as a tool for commanders to assess their units.

d. In the case of emergencies, Hospital Corpsmen are expected to provide such medical intervention to protect life, limb, or eyesight. This treatment must be within the training and capabilities of the Hospital Corpsman on scene.

4. LIMITATIONS

a. Unit Commanders shall ensure that Hospital Corpsmen are not assigned as Non-physician Health Care Providers, unless they possess the Surface Force Independent Duty Corpsman (SFIDC) NEC 8425 or Reconnaissance Independent Duty Corpsman (IDC) NEC 8403. SFIDC or Reconnaissance IDC's must adhere to regulations pertaining to the earned NEC.

b. MDRs are not qualified nor permitted to conduct routine sick call on AC or RC personnel. The Unit Corpsman shall not attempt to perform medical or surgical procedures for which he or she is not professionally qualified. MDRs are charged with collecting a comprehensive history and making appropriate health care referral for care within the framework of TRICARE for AC personnel and Military Medical Support Office (MMSO) for RC personnel.

c. It is appropriate for MDRs to conduct a Periodic Health Assessment (PHA) health care screening in order to make recommendations regarding the duty status of AC and RC personnel assigned.

5. COLLATERAL ASSIGNMENTS FOR UNIT HOSPITAL CORPSMEN

a. Navy Regulations (1990), Article 1063 states, "While assigned to a combat area during a period of armed conflict, members of Medical, Dental, Chaplain, Medical Services, Nurse Corps and Hospital Corps shall be detailed or permitted to perform only such duties as are related to medical, dental, or religious service and the administration of medical, dental, or religious units and establishments".

b. This restriction is necessary to protect the noncombatant status of these personnel under the Geneva Convention of 12 August 1949. The following duties, as collateral assignments, are not in conflict with the spirit of the letter of this regulation.

(1) Administration and processing of hospitalized Marines, (MCO 6320.2 series).

(2) Health Benefits Advisor (HBA) (OCHAMPUS 6010.24 series).

(3) The medical aspects of Not Physically Qualified (NPQ) and Line of Duty (LOD), formerly Notice of Eligibility (NOE) procedures, (MCO P1900.16/SECNAVINST 1770.3/MCO 1770.2).

(4) Hospitalization of service members in foreign medical facilities (OPNAVINST 6320.6 series).

(5) Healthcare Quality Assurance policies for operating forces (OPNAVINST 6320.7 series).

(6) Processing claims for Non-Naval medical care procedures (MAVMEDCOMINIST 6320.1 series).

(7) Navy Command Fitness Leader (CFL), (OPNAV 6110.1 series).

6. SUBSTANCE ABUSE COORDINATOR (SACO). MDRs or Program 9 Unit Hospital Corpsman shall not be used as SACO or urinalysis surveillance coordinators.

7. CASUALTY ASSISTANCE CALLS OFFICER (CACO). MDRs or Program 9 Unit Hospital Corpsman will not be utilized as a primary CACO.

8. SAFETY MANAGER (MCO 5100.8F, 5101.8, ForO 5101.1 and NAVMC P2692). MDRs or Program 9 Unit Hospital Corpsman will not be utilized as a primary Safety Manager.

9. UNIFORM RESPONSIBILITIES

a. MCBul 10210 of 17 August 1989 states that Navy personnel assigned to Marine Corps units may elect to wear Marine Corps service uniforms. If elected the member will adhere to Marine Corps grooming and physical appearance

standards. In accordance with MCBul 10210 initial issue of service uniforms will be provided at no expense to the member.

b. If elected by member, a page 13 entry will be made in the member's service record indicating his/her desire to wear the Marine Corps service uniform and their acknowledgement of having to abide by Marine Corps grooming and appearance standards.

c. Navy personnel who do not elect to wear the Marine Corps service uniform will only be issued combat utility uniforms (MARPAT) items and are required to wear them as directed by the Marine Corps unit to which they are assigned. These personnel will abide by Navy grooming and physical fitness standards as outlined in OPNAVNINST 6110.1 series. When service dress uniforms are required, Navy prescribed uniforms will be worn per NAVPERS 15665I.

CHAPTER 2

GENERAL ADMINISTRATION

1. INTRODUCTION

a. The MDR must have a thorough knowledge of both Navy and Marine Corps medical administrative matters, especially items pertaining to the health and readiness of Marines and Sailors. The MDR must establish and maintain a routine for accomplishing administrative tasks, keep clear and concise records, and maintain a comprehensive turnover binder for their relief.

b. MDRs shall have an excellent working knowledge of the Navy Correspondence Manual, SECNAVINST 5216.5 series, to ensure clear and concise communication inside and outside the command. All correspondence leaving the command should be routed through the I-I Administration Chief prior to presentation to the I-I for signature.

2. MEDICAL JOURNAL. There is no requirement to maintain a daily medical journal, however, a log should be maintained to assist the MDR with significant events that may occur. Entries into this log should be professional, clear and concise in the event the MDRs notes are called upon as evidence. Examples in the recommended log could include injuries sustained and circumstances, inspections conducted, general or specific discrepancies and actions taken to correct, and significant communications with other commands. The intent of this log is to augment a turnover binder and provide a foundation for lessons learned.

3. FILE MAINTENANCE PROCEDURES. All official correspondence will be filed in accordance with SECNAVINST 5210.11 series.

4. OFFICIAL CORRESPONDENCE LEAVING THE COMMAND

a. The unit MDR will often be responsible for initiating official correspondence with individuals and entities outside the command. Under no circumstance will he sign his name to official correspondence leaving the command unless proper "By direction" authority is granted by the I-I.

b. By direction authority must be documented via letterhead assignment letter generated by the I-I Administration Chief.

5. NAVY PERFORMANCE EVALUATION AND COUNSELING SYSTEM

a. For MDRs assigned as I-I staff to MARFORRES units, the I-I is the reporting senior.

b. For RC Navy personnel (Program 9) assigned to Selected Marine Corps Reserve units it is the responsibility of the SMCR CO to ensure that mid-term counseling and performance evaluations are performed and submitted as required by BUPERSINST 1610.10 series. The I-I MDR will assist the SMCR CO as a liaison with the supporting Navy Operational Support Center (NOSC).

CHAPTER 3

## HEALTH AND DENTAL RECORD MAINTENANCE

1. INTRODUCTION. The reference for health and dental record maintenance guidance is the Manual of the Medical Department (MANMED), Chapter 16.

2. SECURITY AND PRIVACY

a. Security and safekeeping are major concerns and responsibilities of staffs handling all categories of medical records and secondary sources of medical information. All these resources contain information which is personal to patients, treated as privileged information, and protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Access to outpatient health and dental records is limited to authorized medical personnel and unit commanders. Outpatient health and dental records must be kept in a locked area, room, or file, unless under a 24-hour watch. Further guidance is located in MANMED Ch 16-9.

b. Information in the health and dental record is personal and privileged and cannot be released to third parties without written permission by the individual member. Authorized disclosures to third parties shall be recorded on an OPNAV Form 5211/9, Record of Disclosure, and filed in the record.

c. Additional guidance for patient health privacy can be found in:

(1) SECNAVINST 5211.5E, "Department of the Navy (DON) Privacy Program" (Paragraph 25).

(2) DoD 5400.11-R, "Department of Defense Privacy Program," August 1983.

(3) DoD 6025.18-R, "DoD Health Information Privacy Regulation," 01/24/2003.

(4) Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA) Of 1996.

(5) Section 552a (Records Maintained on Individuals), Title 5, United States Code, THE PRIVACY ACT OF 1974.

3. CUSTODY AND DISPOSTION

a. Medical and Dental records are the property of the U.S. Government and are For Official Use Only (FOUO).

b. MDRs are responsible for having a system in place to identify to whom, where, and when a record has been checked out. The primary method of tracking outpatient health record disposition is the Medical Readiness Reporting System (MRRS) program.

4. BASIC GUIDELINES ON MAINTAINING MEDICAL RECORDS

a. Health and dental record folders shall be neat and legible and completed per MANMED Ch 16-13.

b. Outpatient health and dental records will be filed per MANMED Ch 16-18 utilizing the terminal digit filing system.

c. All documentation in the outpatient health and dental record shall be made in black ink, each entry must be dated and signed to include the printing of the service member's name, rank, and last four of the Social Security Number. Within the health and dental record, the arrangement and sequence of forms shall comply with MANMED, Ch. 16-23 sec. 4C.

d. The Abstract of Service NAVMED 6150/4 provides a chronological history of ships and stations to which a member is assigned for duty and treatment. Entries shall be made when a member is gained, transfered, or performs a period of temporary duty, or AT.

e. Health and dental records are required to be verified and validated with MRRS annually before the Preventative Health Assessment when the service member reports and detaches from the unit. Verification consists of a thorough review of the record noting and correcting all errors and discrepancies. Ensure overdue or outstanding requirements are met. Special attention should be given to verify:

(1) Accuracy, completeness, and legibility of all identifying information, including name, SSN, designator, military occupation, date and place of birth, sex, grade, rate, duty station, and phone number.

(2) Current Annual Preventive Health Assessment.

(3) Immunizations are up to date.

(4) Blood type and RH factor, sickle cell, G6PD, current HIV.

(5) All allergies and sensitivities are properly documented and a medical warning tag is filed in the outpatient health record. Personnel Reliability Program (PRP) status documented when applicable. Medical warning tags shall be issued IAW BUMEDINST 6150.35.

(6) Order of forms correct and all patient data blocks complete and accurate.

(7) Privacy Act Statement signed.

(8) Pencil entries updated.

(9) Verification should be documented by:

(a) SF600 entry, signed and dated by the MDR or a MRRS generated Individual Medical Readiness (IMR) Detail report.

(b) Blackening the current year on the outside right edge of treatment record jacket.

5. STRAY, LOST RECORDS, AND FORMS

a. When stray, lost records, or forms are identified, action shall be taken immediately to effect proper disposition. MRRS (activity tab) is to be utilized to attempt to ascertain the current unit or status of the service member. If all efforts are unsuccessful, see MANMED Ch. 16-21 for further guidance.

b. When an outpatient health or dental document or record is missing a thorough search will be completed, again MRRS (activity screen) will be useful in this search. If the missing material is not discovered a replacement shall be produced. Document and date the circumstances necessitating duplication on an SF 600.

c. Use DD Form 877-1 to request medical treatment records from the National Personnel Records Center (NPRC), St. Louis, MO.

6. TRANSFER, RETIREMENT, AND DISPOSAL. For transfer, retirement, and disposal of outpatient health and dental records see MANMED, Ch. 16-20 and 16-23.

7. DENTAL RECORDS

a. The source for dental record maintenance guidance is the Manual of the Medical Department (MANMED), Chapter 6.

b. When dental resources are not available to support annual dental examination, a civilian dentist may be utilized. This examination shall be documented on the Active Duty/Reserve Force Dental Examination Form DD 2813. This completed form will be updated in MRRS and filed into section 4 of the dental record.

CHAPTER 4

HEALTH CARE ADMINISTRATION

1. MENTAL HEALTH EVALUATIONS

a. Training and guidance for the MDR regarding all forms of Mental Health issues can be found with the Marine Leaders guide online at the following web site: www.usmc-mccs.org/LeadersGuide/index.htm

b. The guidance for Command Directed Mental Health Evaluations is found within DoD Directive 6490.1, DoD Instruction 6490.4, and SECNAVINST 6320.24 Series. It is important for the MDR to understand that the CO and a Credentialed Health Care Provider must be a part of this decision making process. Marines or Sailors who make suicidal or homicidal gestures or threats must be taken seriously.

c. Service members who make suicidal gestures are considered medical emergencies. They should be under constant observation, relieved of their weapon by appropriate leadership and/or authority, and referred to the closest emergency treatment facility (preferably under escort).

d. The ultimate responsibility for determining whether or not to refer a member for mental health evaluation rests with the service member's designated CO.

e. The CO shall refer a service member for an emergency mental health evaluation as soon as is practicable whenever a service member, by actions or words, such as actual, attempted, or threatened violence, intends or is likely to cause serious injury to himself/herself or others and when the facts and circumstances indicate that the service member's intent to cause such injury is likely.

f. Prior to transporting a service member for an emergency evaluation, or shortly thereafter if time and the nature of the emergency does not permit, the CO shall consult with the appropriate health care facility. The purpose of consultation is to communicate the circumstances and observations about the service member's behavior that led the CO to believe that the service member's behavior constituted an emergency.

g. Prior to referral of a service member for a routine (Non-Emergency) mental health evaluation, the CO shall consult with a mental healthcare provider, or other credentialed healthcare provider, if a mental healthcare provider is not available. For service members who do not desire to participate freely with a mental health evaluation, such service personnel can be directed in accordance with SECNAVINST 6320.24 series to report for examination. A letter of command directed mental health evaluation must be received by the medical provider prior to conducting an evaluation.

2. ADMINISTRATION AND PROCESSING OF HOSPITALIZED MARINES

a. When it becomes known that an SMCR or AC Marine has been admitted to a medical facility within the immediate vicinity of the I-I unit, every effort must be made to ensure that the Marine is personally visited by a Marine Corps representative within 24 hours after notification.

(1) Enclosure (1) of MCO 6320.2 series lists all military and Veterans' Administration (VA) hospitals located CONUS and designates a specific Marine Corps activity responsible for providing support to Marines hospitalized in that facility. Commanders of the activities listed in enclosure (1) of MCO 6320.2D will establish liaison with their designated hospital to ensure prompt notification when a Marine is admitted for treatment.

(2) In cases where Marines are hospitalized outside of CONUS or within CONUS when no activity is designated, the nearest Marine Corps activity to the medical facility will assume cognizance. These activities will establish a close liaison with the hospital to ensure proper disposition of admitted Marine.

(3) When a service member cannot be returned to full duty, but can perform light duty commensurate with the physical condition, medical authorities may determine that the patient be transferred to a medical holding company (a minimum care facility) or a Marine Corps activity, to complete treatment on an outpatient basis. Where practicable, personnel requiring outpatient treatment will be returned to Marine Corps control (tables 1-1 and 1-2 of MCO 6320.2 series).

b. Marine reservists on active duty orders in excess of 30 days (tables 1-3 and 1-4 of MCO 6320.2 series), who become hospitalized beyond the termination date of those orders, will be retained on active duty and administered in accordance with the provisions of MCO 6320.2 series while continued hospitalization is required. It is important to note that per SECNAVINST 1770.3 series, the SMCR may not be involuntarily retained on Active Duty to complete medical or dental care. Upon completion of hospitalization, the reservist may elect to remain on active duty or be released from active duty and request LOD benefits in accordance with SECNAVINST 1770. The request for an LOD must be completed by the parent command and forwarded to Head Quarters Marine Corps (HQMC). As soon as the member is gained to his or her reserve RUC on the unit diary, the request must be submitted in MCMEDS. The MCMEDS website provides extended guidance on the proper submission of requests for LOD benefits to HQMC.

c. Marine reservists injured (medical or dental) on active duty orders less than 30 days (table 1-5 and 1-6 of MCO 6320.2 series), or during ADT or IDT will be administered, per MCO 1770.3, LOD Benefits formerly called Notice of Eligibility (NOE).

3. MEDICAL EVACUEES FROM LOCATIONS OUTSIDE CONUS (OCONUS)

a. Upon being medically evacuated to CONUS and the period of hospitalization is expected to exceed 30 days (table 1-2 of MCO 6320.2 series), the Marine will be transferred with medical and service records to the responsible medical treatment activity as outlined in MCO 6320.2 series.

b. Exceptions will be personnel evacuated to CONUS for drug and alcohol related treatment. In these cases, transfer will not automatically be affected, and HQMC (M&RA) on a case-by-case basis, will provide specific instructions.

4. HEAT INJURY PREVENTION PROGRAM. This is applicable to all Marine Corps commands responsible for the oversight, administration or conduct of operations or mandated physical training (PT) during the hot weather season and hot weather operational environments. Each heat injury prevention program shall meet the requirements of MCO 6200.1 series, MCO 3500.27 series, MCO P5102.1 series, BUMEDINST 6220.12 series, NAVMED P5010 (Chapter 9), and MCO 1510.89 series as applicable.

5. HEARING CONSERVATION PROGRAM

a. Repeated exposure to hazardous noise from aircraft, weapons, vehicles, industrial and recreational activities may cause noise-induced hearing loss. This loss may be temporary or permanent, depending on the duration of noise exposure, intensity of the noise, and susceptibility of the individual.

b. A comprehensive hearing conservation program will help prevent this occupational hearing loss. Commanders shall ensure the hearing conservation program is included in the safety program.

c. Each member shall have on file in his or her health record, a DD 2215 (Reference Audiogram). Audiometric test facilities are available at most MTFs.

d. For further guidance concerning the Hearing Conservation Program, to include periodicity of hearing conservation testing, abatement procedures and required safety guards, refer to OPNAVINST 5100.23 series, and MCO 6260.1 series.

6. CREDENTIALING OF HEALTH CARE PROVIDERS

a. OPNAVINST 6320.4 series and COMNAVRESFORINST 6320.1 series establish policy, procedures, and responsibilities regarding the review of credentials and the granting of health care privileges to health care providers. Enclosure (4) of OPNAVINST 6320.4 series addresses Navy Reserve health care providers.

b. The BUMED requires that all health care providers (medical officers, dental officers, Clinical MSC officers and nurse corps officers), who are involved in managing direct patient care, be credentialed by the Centralized Credentialing Privileging Department (CCPD) before they can assume patient care responsibility.

c. Once a medical officer completes the credentialing process, he is granted privileges to provide care by his CO, Operational Unit CO, Field Unit CO or MTF CO. It is the responsibility of each health care provider to submit all appropriate credentialing information to the CCPD in a timely manner. This process must be completed far enough in advance to avoid periods of provider being non-credentialed, which will result in revocation of privileges and eligibility to provide care.

d. SMCR COs or the Officer Conducting the Exercise (OCE) may grant privileges, suitable for care in the field, to medical officers. Privileging of credential provider not required for field exercises in OCONUS or CONUS, However if the provider is required to take care of patients onboard a US Navy Ship or in a Navy Clinic or hospital during the exercise, the provider must request clinical privileges (usually as GMO) via the relevant Navy Command.

7. TEMPORARY NOT PHYSICALLY QUALIFIED (TNPQ). If a MDR determines that a SMCR has developed or had a change in a medical condition that will likely prevent the service member from safely or effectively fulfilling the responsibilities of their rank or MOS, the MDR will on a TEMPORARY basis classify member as "Temporarily Not Physically Qualified (TNPQ) Drill or Non-Drill" or as appropriate. Definition from MARADMIN 584/00

a. TNPQ-Drill Marines may not perform any type of AT, ADT, ADOS, or off-site drills. If the member's unit performs an off-site drill, the member's drills will be performed at the home training site or rescheduled per MCO P1001R.1 Series and MARADMIN 584/00.

b. TNPQ Non-drill PROHIBITS SMCR personnel to perform any period of military duty until found physically fit to perform all duties.

c. All MDRs shall maintain a folder on site with all pertinent information to include TNPQ assignment sheet, and medical encounter documentation to include monthly updates. This documentation shall be maintained for 3 years from date of case closure.

d. SMCR personnel who fail to provide 30 day updates will be provided a command letterhead; standard letter sent certified receipt, describing the member's requirement to provide documentation monthly. Service members have a minimum of 10 working days to respond to this correspondence. Service members may be separated for failure to respond to official correspondence per MCO P1001R.1 Series and MARADMIN 584/00.

8. TEMPORARY NOT DENTALLY QUALIFIED (TNDQ)

a. If a Marine is found Dental Class III at any time, they will be placed in a Temporary Not Dentally Qualified (TNDQ) status. The MDR will ensure a Page 11 (MRRS generated) statement is signed by the member and entered into the member's record. Should the member fail to become dentally qualified within 180 days he or she will be processed for administrative separation per MCO P1001R.1.

b. It is the Marine's responsibility to financially pay for the treatment needed to return back to a class II or higher status. Military Treatment Facilities will not see Marines for any treatment other than a routine T2 examination (while on orders).

c. Dental Insurance is available to all SMCR personnel through the TRICARE RC site or local MTF Health Benefits Counselor.

9. MEDICAL RETENTION AND REVIEW (MRR)

a. MRR packages are prepared and submitted by the MDR via the CO of the SMCR for members with medical conditions which are of a permanent basis.

b. The following documentation will be assembled:

(1) Command Cover Letter with a brief case history and limitations.

(2) CO statement regarding limitations in the Marine's ability to perform required duties and the Marine's potential for future military service in the form of a Non Medical Assesment.

(3) Letter Of Activity performed by the member giving a brief history and physical capabilities by the member.

(4) The most recent complete physical examination performed and the most recently completed Preventive Health Assessments.

(5) All available medical information including copies of outpatient medical records.

c. Compiled documentation (4008 paragraph 2, a through c) will be sent to COMMARFORRES via BUMED attention: Code MED-25. Upon BUMED recommendation being made regarding retention in the RC, BUMED will forward the recommendation to COMMARFORRES for final action. A courtesy copy of their recommendation will also be forwarded back to the submitting I-I MDR.

d. For SMCR personnel whose medical condition is newly diagnosed and/or not yet stabilized or appropriately treated, MDRs may delay submission of a retention package until sufficient medical information is available. However, at no time should submission of a retention package be delayed more than 60 days.

e. If MDRs are unable to determine whether or not an SMCR medical condition will likely prevent the service member from safely and effectively fulfilling the responsibilities of their rank and MOS, or interfere with mobilization, he or she should contact the next higher echelon (battalion or regiment) I-I MDR for guidance.

f. If an MDR believes that a medical condition will not prevent the service member from safely and effectively fulfilling the responsibilities of their rank and MOS, or interfere with mobilization, then the MDR will ensure that a Military Medical Officer documents the SMCR personnel's ability to perform military duties without limitations.

g. MDRs must maintain a folder on site with all pertinent information to include MRR submissions, medical encounter documentation to include monthly updates, at least three years from case closure.

10. MEDICAL BOARDS

a. Physical Evaluation Board (PEB) submission and tracking can be a very challenging task. MANMED Chapter 18 provides detailed information and guidance on convalescent leave, Limited Duty (LIMDU), Departmental Reviews, and Medical Boards.

b. It is imperative that MDRs ensure their complete understanding of Chapter 18 of the Manual of the Medical Department. Additional guidance, clarification, and/or consultation should be gained from a Physical Evaluation Board Liaison Officer (PEBLO) at the closest Navy MTF. Other service PEBLOs can be utilized, however, the Navy PEBLO should serve as the primary resource.

c. All MDRs must maintain a Medical Board tracking folder on site with all pertinent information to include Medical Board Reports (MEBR), medical encounter documentation to include dictations, at least three years from case closure. SECNAVINST 1850.4 series provides further guidance.

11. MEDICAL EXTENSIONS BEYOND EXPIRATION OF ACTIVE SERVICE (EAS) OR EXPIRATION OF CURRENT CONTRACT (ECC)

a. Only RC Marines having unresolved medical issues prior to the expiration of their EAS/ECC are considered for extension beyond their EAS or ECC, MCO P1080.40 series provides further guidance.

b. Members requiring a more detailed evaluation or treatment may be retained on active duty or reserve duty, but only with the member's consent.

c. SMCR personnel performing periods of active duty are divided into two categories: Presidential Recall or ADOS.

(1) Sailors and Marines mobilized under Presidential Recall can be extended by BUMED for the purpose of ongoing medical treatment. Requests for extensions should be submitted by official correspondence from the unit CO to COMMARFORRES via BUMED (MED 25).

(2) Marines under ADOS orders can be extended by BUMED (MED 25). Request for extensions must be submitted with presentation of a LIMDU Board signed by a proper convening authority.

d. SMCR Members extended under this rule will remain on active duty under partial mobilization orders. Once the member has accumulated 24 months of active duty under Partial Mobilization Authority, Orders modifications will be pursuant to U.S.C. TITLE 10 Section 12301(d).

CHAPTER 5

TRAINING AND TRAINING SUPPORT

1. GENERAL

a. Providing initial and sustainment training to Navy and Marine Corps personnel is of the highest readiness importance. I-Is and SMCR unit commanders are responsible for ensuring that training requirements are scheduled, executed, and documented. Regimental and Battalion MDRs in conjunction with the Battalion Surgeon and Regimental Surgeon are responsible for establishing and maintaining an effective medical training program for Sailors and Marines.

b. The primary goal is to advance professional knowledge and improve combat effectiveness of MARFORRES Units.

c. Cooperation is required between the SMCR CO, supporting Navy Reserve Unit CO, and the NOSC CO in coordinating local support if required.

d. Signed muster sheets, by the individual Marine/Sailor, will serve as proof of completion for training outlined in paragraph 5004. Proof of training is required to be retained on file for a minimum period of three years.

e. The Leadership is not exempt from training requirements, however tailored briefs may be utilized to ensure the requirement is met.

2. SENIOR ENLISTED PROGRAM 9 SAILOR

a. The SMCR Unit Battalion and/or Regimental Surgeon is responsible to the SMCR unit CO to ensure annual medical training requirements for Program 9 personnel are met.

b. The Senior Enlisted Program 9 Sailor assigned to the SMCR unit will assist the Battalion/Regimental Surgeon in The coordination, execution, and documentation of training for Hospital Corpsmen assigned under their cognizance to include the following functions:

(1) Maintain an Individual Training Record (ITR) on all SMCR unit assigned Hospital Corpsmen.

(2) Ensure all training conducted is documented in the ITRs.

(3) Through coordination with the supporting NOSC Planning Board For Training (PBFT), establish an annual training plan for required lesson topics.

(4) Coordinate the training of General Military Training (GMT), for assigned personnel.

(5) Ensure 100 percent certification or qualification for all assigned medical personnel in Basic Life Support (BLS).

(6) MDR Annual Budgeting Training.

(7) It is important to note that all Hospital Corpsmen reporting for I-I duty must attend the Navy Reserve Professional Development Center Reserve I-I Medical Administration (RMA) course within one year of assignment. This course (CIN: R-500-0007) is three days and provides MDRs with instruction in the unique administrative duties of reserve activity medical departments. The course content includes lessons on HIV, Knowledge, Medical Examinations, Health and Dental Record Maintenance, LOD processing, Medical

Retention Review, MRRS, Selected Reserve TRICARE and Dental Benefits, Deoxyribonucleic Acid (DNA) Sampling, Preventive Medicine, and Contract Medical Supply. Classroom content includes hands on workshops in LOD/Incapacitation Pay and MRRS applications and briefs from CNRFC Medical and MARFORRES. Requests to attend this course should be routed through the I-I Training Chief.

3. MEDICAL PERSONNEL REQUIRED MEDICAL TRAINING

a. MDRs shall make every effort to liaison with the closest MTF training department. Many professional development opportunities for the MDR and Program 9 Hospital Corpsmen can be maximized by obtaining the MTF training schedules

b. Program 9 Hospital Corpsmen may be authorized up to 12 additional pay drills by COMNAVRESFORCOM specifically for the completion of medical training by COMNAVRESFORINST 1001.5 series. This funding availability is variable from one fiscal year to another fiscal year.

c. All Hospital Corpsmen shall receive initial and annual sustainment GMT in the following areas:

(1) NATO Triage.

(2) Heat Injury Diagnosis, Treatment, and Prevention.

(3) Cold Injury Diagnosis, Treatment, and Prevention.

(4) NATO Field Emergency Tag Procedures.

(5) Hospital Corpsman, Basic Skills (BUMEDINST 1510.23A).

(6) Field Sanitation and Preventive Medicine.

(7) Patient Transport.

(8) Treatment of Chemical and Biological Casualties.

(9) Computerized Health Care System (CHCS/CHCS II) and (AHLTA), if working with a nearby MTF.

(10) MRRS.

(11) MCMEDS.

(12) Health Record Maintenance, MANMED Chapter 16.

(13) Tactical Combat Casualty Care.

d. BLS Instructor. All SMCR units shall have their unit Program 9 Hospital Corpsman trained as a BLS Instructor through the American Heart Association. Having a trained CPR instructor allows for the SMCR unit to operate independently for training of medical and non-medical personnel in BLS. Funding for this course of instruction, required course materials, and any travel or per diem for the course is the responsibility of the SMCR unit commanders. Additional funding resource from ADT or Inactive Duty Training Travel (IDTT) monies, if available, can be coordinated with the supporting Navy Operational Support Center (NOSC) training Chief.

e. Automated External Defibrillators (AEDs) are useful equipment in the response of cardiac related medical problems as part of the emergency first responder plan. I-I units possessing an AED or requesting to purchase an AED must receiving special authorization through COMMARFORRES (G-4/HSS).

4. ENLISTED FLEET MARINE FORCE WARFARE SPECIALIST PROGRAM (EFMFWS)

a. OPNAVINST 1414.4 series and Force Order 1414 are the governing instructions for this program. The EFMFWS program is essential in the continued training and operational success of any Navy personnel assigned to the Fleet Marine Force (FMF). Qualification signifies that a Sailor has achieved a level of excellence and proficiency in the warfare specialty. Command Master Chief's of FMF Major Subordinate Commands are the only authority permitted to convene an EFMFWS qualification board. MDRs should review the OPNAVINST in its entirety and consult with the next higher echelon MDR (battalion/regiment) for further guidance and assistance.

b. MDRs are highly encouraged to make EFMFWS topics a part of the training program for Program 9 Navy Personnel.

5. NON-MEDICAL PERSONNEL (MARINE) REQUIRED MEDICAL TRAINING. MARFORRES unit MDRs are required to ensure the coordination and completion of First Aid and other medical related training to Marines annually, including I-I staff personnel. Listed below are the minimum training topics required, each topic requires a minimum 80 percent attendence rate.

a. First Aid and Patient Evacuation. Training will be conducted in accordance with Section 16 of the USMC Battle Skills Training/Essential Subjects Handbook (MCO P1500.44B).

b. Field Sanitation and Water Purification.

c. Venereal Disease Awareness.

d. Prevention of Heat and Cold Injuries.

e. MMSO and TRICARE briefs.

f. Personal protection and decontamination during Chemical, Biological, Radiological and Nucleur (CBRN) attacks.

Note: The Combat Life Saver Course (CLSC) program is increasingly popular among Marine Commanders and is highly encouraged that each battalion regiment has a CLS program for Marines.

CHAPTER 6

COMMAND INSPECTION PROGRAM (CIP)

1. INSPECTIONS. The MDR is responsible to the I-I for the operation and readiness of the medical department. The primary duty of the MDR is to provide full time support to the medical department and ensure medical and dental readiness and medical specific training for mobilization. In a random, unannounced pattern, an examination of the medical department will take place to assess the unit's readiness. These evaluations should enable the unit commander and the CO to determine the capability of the command to accomplish its assigned mission. Formal inspections are held to a minimum to allow subordinate commanders to devote time and effort to meaningful training.

2. FRAAP/CGI. The FRAAP/CGI is a COMMARFORRES inspection program that is designed to assess the mobilization readiness of an SMCR unit. It also determines the unit's ability to move from the reserve center to the Site of Initial Assignment (SIA). When a FRAAP/CGI is conducted, the unit must accomplish all requirements to mobilize. These requirements may include physical examinations as required by the Manual of the Medical Department. FRAAP replaced Mobilization Operational Readiness Deployment Test (MORDT) effective 1 October 2007 by order of COMMARFORES. The purpose of the change from MORDT to FRAAP is to provide more relevant information regarding force readiness to COMMARFORRES, and to enhance force readiness by placing greater emphasis on the "assistance" part of FRAAP. There have been significant changes, such as, reducing the number of Assessment Areas from seven to four (Manpower, Logistics, Personnel Administration, and Medical/Dental). All units in each battalion/squadron will be assessed in the same quarter and FRAAP will occur every two years. Assistance and assessments are the two main components of FRAAP, with equal emphasis placed on each. Assistance provides instruction and training to assessed units as required, requested, and appropriate and identifies and recommends "best practices" throughout the Force. Assessment provides COMMARFORES with a relevant and timely assessment of an SMCR unit's mobilization readiness and identifies unit-specific mobilization challenges and systemic (multi-unit) mobilization readiness issues. The FRAAP OIC and CGI will assign a recommended grade (Mobilization Capable or Mobilization Capable with Assistance) and COMMARFORRES will assign the final grade. All MARFORRES units are subject to FRAAP/CGI inspections. Announcement of a FRAAP is made by message to the unit 72 hours prior to require mustering of SMCR personnel. Force Order 5041.3 and the MARFORRES Mobilization Plan provide specific details on this program. A Medical Department Representative assigned to MARFORRES will be part of any FRAAP/CGI.

3. PREPARATION FOR MEDICAL CGI/FRAAP. The unit Hospital Corpsman should review ForO 5041.3 and the following information to prepare for a Medical CGI.

a. For MARFORRES units, the message announcing the FRAAP/CGI should be received approximately twenty-four hours prior to the arrival of the inspectors.

b. At the time of notification, all Program 9 Navy Reservists assigned to the Reserve Unit Assignment Document (RUAD) who normally drill with the MARFORRES unit shall be present. The presence of a physician is not an absolute requirement, unless the physician is assigned to the Program 9 unit being inspected.

c. During all FRAAPs, MARFORRES units will receive a Medical CGI inspection.

d. The MDR should have the following instructions, publications, and information available for the Medical Inspectors:

(1) A current alphabetical roster of both AC and RC Marines and Sailors attached to the unit. This roster should be generated from MRRS.

(2) Manual of the Medical Department (MANMED P-117).

(3) MCO 6700R.1M - Class VIII Material for Marine Corps Reserve Centers.

(4) Books and publications listed on enclosure (3) of MCO 6700R.1M.

4. MEDICAL ASSIST VISITS

a. The primary mechanism for a technical assist visit should be the higher Battalion or Regimental I-I MDR utilizing the CIP inspections and Battalion/Regimental policies. This less formal means can provide the I-I and respective MDR with a complete course of action in regards to mobilization and/or annual training time frames and can be accomplished with concurrent Marine Corps site visits.

b. Personnel from MARFORRES, G-4/HSS are available for medical assist visits upon request by email or message from the I-I. Ideally, assistance should be requested if a billet has been gapped for a period of time exceeding one month, or anytime the MDR or I-I feels a need to assess the status and direction of the Medical Department.

c. The assist visit consist of a thorough review of health records, record keeping procedures, reference material, training programs, and an inventory of medical supplies and equipment. Suggestions for correcting deficiencies will be offered.

d. If assist visits are requested for the purpose of identifying problem areas prior to a scheduled inspection, adequate notice should be afforded to allow sufficient time to correct identified problems.

# CHAPTER 7

## MEDICAL SUPPLY

### 1. CLASS VIII MATERIAL FOR MARINE CORPS RESERVE CENTERS

a. The Marine Corps Reserve Centers, that have AC Hospital Corpsmen on their Table of Organization (T/O), will requisition from higher battalion/regiment and maintain Class VIII medical material as listed in MCO 6700R.1M. These allowances have been specifically developed to support medical departments at reserve centers due to geographical separation from parent commands and MTFs.

b. Marine Corps Reserve Centers co-located with another reserve center are exempt from maintaining Class VIII medical allowances if a Letter of Agreement is signed by the Marine Corps Reserve Center I-I and the supporting center's, NOSC Commander.

c. Marine Corps Reserve Center MDRs regardless of other support agreements must have ready access to an electronic or written copy of the current Manual of the Medical Department (P-117) and other required instructions.

d. Material held on "as required" basis (MCO 6700R.1, enclosure (2)), must be authorized in writing, either on the Commander's Non T/E Allowance List or by separate letter.

e. Narcotics and controlled medicines, ethyl alcohol, and alcoholic beverages are not authorized at Marine Corps Reserve Centers.

f. Requisitioning of supplies or equipment not authorized by MCO 6700R.1M must be requested from and authorized by COMMARFORRES via the chain of command (battalion/regiment). Any request must be accompanied by adequate justification. Figure 7-1 is provided as a sample request.

g. All inventory receipt and expenditures of Class VIII material shall be recorded in the Stock Record and Inventory Control Cards (NAVMC 708) or an authorized data base management system with the same information.

h. Class VIII material or equipment that is determined to be missing must be documented with the required missing gear statement. Disposition of the missing gear statement must be retained by unit supply, and the I-I Supply Chief will assist and supervise this process.

### 2. SUPPLEMENTAL CLASS VIII MATERIAL FOR ANNUAL TRAINING (AT) EXERCISES

a. The necessity for an Authorized Material Allowance List (AMAL) to support an Annual Training should be directed by a higher echelon Battalion or Regimental I&I or Battalion/Regimental Surgeon. Requisition and Limited Technical Inspection (LTI) will be delegated by the Battalion or Regimental MDR to an E6 or above with experience in AMAL procedures.

b. All AMAL requisitions supporting SMCR units shall be on Letterhead to the CO of Medical Logistics Company, 4th Supply Battalion, 4th Marine Logistic Group.

c. AMAL requests must contain the following minimum information:

(1) Job Order Number (JON): This information is not provided by G-4 Med, but rather by the unit sponsoring the exercise.

(2) Responsible Officer (R/O): Must be E6 or above with name, rank, SSN, and daytime phone. R/O must be able to pick-up, LTI, sign for, and also conduct post LTI and turn-in.

(3) Date of pick-up/LTI: Date to inspect material. R/O must be there to inspect and sign for gear and to take custody.

(4) Shipping instructions: Address to where AMAL is to be delivered. Include base, building number, phone number, and POC at site of delivery. If to be delivered to an RSU, indicate phone for correct info.

(5) Estimated date of return.

(6) POC: I-I MDR.

d. AMAL requests are to be made as early as 120 days out to no later than 90 days prior to the exercise.

e. The following AMALs and Authorized Dental Allowance Lists (ADAL) are available upon request: 699, 618, 619, 627, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, FRSS (645, 646), Enroute Care (ERC), and ADAL 662. 4th Medical Logistics Company does not maintain stocks of controlled substances (narcotics). These must be requested from an AC Medical Logistics Company or an MTF by a Medical Officer supporting the exercise or AT.

f. ADALs must be coordinated between COMARFORRES and CO, 4th Dental Battalion prior to approval for release from the Medical Logistics Company. All requests must be sent from the unit to MARFORRES via the chain of command, Naval message preferred. Info 4th Supply Battalion, Newport News, VA so proper coordination can be made. If ordering an ADAL, 4th Dental Battalion in Marietta, GA must be info copied. Only 4th Dental Battalion Units should request ADAL material.

g. LTIs are conducted pre and post exercise. Normally these are conducted at the 4th Medical Logistics Company detachment either at Newport News, VA or San Diego, CA. The requesting unit is responsible for sending a representative familiar with the contents and functions of the AMAL/ADAL. This is crucial for the FRSS (645/646) AMAL. The persons conducting the LTI may be either AC or RC personnel. Funding for travel to the Medical Logistics Company for RC personnel will be processed through Reserve Order Writing System (ROWS) and for AC through the I-I Administration Office.

h. If a transfer of R/O is to occur in the field, the new R/O must contact the Administration Officer in Medical Logistics Company for a complete brief.

i. Medical Logistics Company, 4th Supply Battalion located in Newport News, VA (with a Detachment in San Diego, CA) may assist in managing Class VIII materials during Combined Arms Exercise (CAX). They can provide pre and post LTI support for MARFORRES units for both CAXs and other AT exercises.

j. Figure 7-2 is a sample request.

3. LETTER OF INSTRUCTION (LOI). An LOI is published by the I-I or higher echelon prior to an AT. This document provides guidance and instruction in all phases of the upcoming AT, including directions for procurement of AMAL/ADALs by using units. LOI copies are normally available through G-3 OPS or G-4 OPS. Early review of the AT LOI by the MDR and Senior Program 9 Corpsman is imperative in order to properly plan for medical/dental requirements.

4. RESERVE SUPPORT UNIT (RSU). There are RSUs at the major Marine Corps installations (e.g., Clinic, Camp Pendleton, Marine Corps Air Ground Combat Center, 29 Palms). These units provide liaison for this headquarters in procuring, receiving, transporting, and turning of Class VIII material. Depending on the circumstances, they may act as the RO in receiving Class VIII material, the procurement agent, and shipping agent for transporting Class VIII material to the Base Traffic Management Office (TMO) for shipment of material to remote AT sites.

5. TRANSPORTATION OF THINGS (TOT). Transportation of Class VIII material without funding. This funding is requested through MARFORRES G-4/HSS TMO and is utilized when shipping Class VIII material to AT sites. Cost estimates are obtained by contacting the TMO office of the base from which the material is being shipped. Provide them with the weight of the shipment to aid in obtaining an accurate cost. Closely coordinate with the I-I S-4 section chief.

6. MOBILIZATION. Garrison Class VIII material and equipment as directed under MCO 6700R.1 series is not to be utilized during mobilization. When a unit is mobilized, an AC Medical Logistics Company (1st, 2nd, or 3rd) will be the source of the AMAL support. A request to the AC Medical Logistics Company via the Gaining Forces Command (I, II, III MEF), must be made to have the AMAL delivered to the Intermediate Location (ILOC). Typically one 635/636 and 699 AMAL is requested for a rotating battalion or its equipment. All requests for AMALs/ADALs must be a coordinated effort with the S-4 section.

7. ALLOWANCE FOR INDIVIDUAL ITEMS OF EQUIPMENT (782 GEAR). These allowances are set forth in the MARFORRES Supply Standard Operating Procedures (SOP). Medical Logistics Company does not supply individual 782 Gear. This gear is provided to the Navy personnel through the I-I Supply Chief. The MDR should work with the supply chief to ensure the Program 9 personnel are properly geared as if they were Marines.

## 7-1 SAMPLE LETTER REQUEST FOR ADDITIONAL MEDICAL MATERIAL

IN REPLY REFER TO:
6700
*(Originator)*
*(Date)*

From: I-I, *Your Company, Your Battalion*
To: Inspector-Instructor, Medical Logistics Company, 4th Supply Battalion, 4th Marine Logistic Group, 75th Street & Warwick Blvd, Newport News, Va 23607
Via: (1) Commanding General, 4th Marine Logistic Group, (Attn: HSSO) Dauphine St. New Orleans, LA 70146-5100
(2) Inspector-Instructor, 4th Supply Battalion, 4th Marine Logistic Group,75th Street Warwick Blvd, Newport News, Va 23607

Subj: REQUEST FOR CLASS VIII AUTHORIZED MEDICAL/DENTAL ALLOWANCE LIST AMAL/ADAL SUPPORT

Ref: (a) GruO 6700.2
(b) ForO P4000.1 Appendix E
(c) ForO P7300.1 Chapter 18

**1. Request the following AMAL/ADAL in support of *(exercise-00)* which will be hosted at *(location)* during the *(month, day 00)*.**

**2. It is requested that Medical Logistics Company support with the following block(s).**

| Nomenclature | Quantity |
|---|---|
| *Noun Name* | *Block #* |

**3. The following information is provided:**

| | |
|---|---|
| Ship to address: | *Fort Anderson (note: exact address)*<br>*3333 Standby Road*<br>*Rocky, West Virginia 222222*<br>*POC: HMC Sailor* |
| Responsible Officer: | *E6 or above* |
| Alternate Responsible Officer: | |
| TEEP Number: | *i.e. BCR4A* |
| Event Number: | *i.e. M04-0404* |
| Date of Inventory/PRE-LTI: | *Minimum of 2 weeks prior to operation* |
| Date of Delivery: | *Minimum of 1 weeks prior to operation* |
| Date of Iventory/Post-LTI | *Maximum of 10 days after operation is over* |
| Estimated date of return: | *Maximum of 10 days after operation is over* |
| Reporting Unit RUIC: | *M29067* |
| RA Reimburseable Order Number (RON) | |
| Unit PLA | *BRAVOCO//JJJ///* |

** Note: If returning after 1 September, units will be required to provide a RA RON for the following fiscal year.

4. Point of contact concerning this request *is (grade/rate, name), phone number and email address*.

5. An advance copy of this request was sent to CO/I&I, Medical Logistics Company, 4th Supply Battalion, 4th Marine Logistic Group on (date).

*Commanding Officer's Signature*

Figure 7-1 SAMPLE LETTER REQUEST FOR ADDITIONAL MEDICAL MATERIAL

7-2 SAMPLE MESSAGE REQUEST FOR ADDITIONAL MEDICAL MATERIAL

From: SITE
TO: MARFORRES//G4 HSS/
INFO: INSTR INSP STF NEWPORT NEWS VA
MEDLOG CO FOURTH SUPBN DET
CG FOURTH MLG//G3 HSS//
UNCLAS//N06700//
MSGID/GENADMIN/COMARFORRES/G-4HSS//
SUBJ/REQ FOR CLASS VIII MATERIAL FOR EXERCISE (WHATEVER IT IS AND DATES)//
REF/A/DOC/LIST REFERENCES//
NARR/REF A IS (EXPLAIN REF A)//
1. THE FOLLOWING AMAL IS REQUESTED TO SUPPORT SUBJ EXERCISE.
A. LIST OF EQUIPMENT NEEDED FOR EXERCISE QUANTITY.
2. THE FOLLOWING INFO IS PROVIDED:
A. PE JON# (PLANNING ESTIMATE JOB ORDER NUMBER): IS NOT PROVIDED BY G-4 MED, IS PROVIDED UNIT SPONSORING EXERCISE.
B. R/O: MUST BE SNCO OR ABOVE WITH NAME, RANK, SSN, AND DAY TIME PHONE NUMBER. R/O MUST BE THERE TO INSPECT AND SIGN FOR GEAR AND TAKE CUSTODY.
C. SHIPPING INSTRUCTIONS: WHERE YOU WANT AMAL TO BE DELIVERED. INCLUDE BASE, BLDG MUMBER, PHONE NUMBER AND POC AT SITE OF DELIVERY. IF TO BE DELIVERED TO RSU PLEASE PHONE FOR CORRECT INFO:
D. ESTIMATED DATE OF RETURN.
3. POC: ANY QUESTIONS THAT MAY ARISE. (UNIT CORPSMAN)

Figure 7-2 SAMPLE MESSAGE REQUEST FOR ADDITIONAL MEDICAL MATERIAL

CHAPTER 8

SPECTACLE INSERTS FOR PROTECTIVE MASKS AND BALLISTIC EYE WEAR

1. GENERAL

a. Marine Corps regulations require SMCR units to integrate CBRN training in all facets of training programs. To ensure safe, effective, and realistic training, spectacle inserts for protective masks are necessary for personnel with diminished visual acuities.

b. NAVMEDCOMINST 6810.1 assigns responsibility for fabrication of spectacle inserts to Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA.

c. The official military website for NOSTRA is: http://nostra.norfolk.navy.mil. At this website the MDR will find information and ordering procedures of military eyewear to include gas mask inserts and ballistic eyewear.

2. REQUIREMENTS FOR SPECTACLE INSERTS. SMCR personnel who meet one of the following requirements should be issued spectacle inserts corresponding to the type of protective gas mask issued to them:

a. Unaided visual acuity in each eye of less than 20/20 for military vehicle operators.

b. Unaided visual acuity in each eye of less than 20/20 for flight personnel.

c. Unaided binocular visual acuity of less than 20/40 for all other personnel.

3. ORDERING SPECTACLE INSERTS

a. Individual accounts must be obtained prior to ordering spectacle inserts or ballistic eyewear. Accounts can be obtained from NOSTRA customer service DSN 953-7611 or commercial (757) 887-7611.

b. You may choose to order eyewear online via Spectacle Request Transmission System (SRTS) at nostrasrts@nostra.med.navy.mil or via fax at DSN 953-4647 or commercial (757) 887-4647.

c. SRTS is a computer based system and the preferred method for ordering eyewear from NOSTRA. This system offers tracking and accountability capabilities. SRTS sends eyewear orders to military optical labs in ASCII format via e-mail.

4. BALLISTIC EYE PROTECTION

a. MARADMIN 149/05 governs corrective vision inserts for Military Eye Protection System (MEPS), commonly referred to as "ballistic eyewear". These inserts fit into both authorized protective eyewear forms for field use. ESS "profile NVG profile goggles (NSN 4240-01-504-5727) and the ESS 'ICE' SPECTACLES (NSN 4240-01-505-0048).

b. These corrective inserts can be ordered via SRTS at no cost to the ordering units. Requirements for ordering are the same as those noted in paragraph 8002 (1).

5. ACCOUNT AND CONTROL PROCEDURES

a. Local administrative procedures are to be established for the accounting upon receipt of spectacle inserts. At a minimum an entry will be placed into the outpatient health record, preferably on the DD 2766.

b. Local physical control procedures must be established as well to ensure spectacle inserts are readily available whenever protective masks are issued. Physical control of the inserts should be maintained by the unit and not the individual. Preferably the inserts will be maintained with other NMC equipment.

6. EYE REFRACTIONS

a. NAVMEDINST 6810.1 outlines procedures for obtaining refractions. If the service member's vision has changed significantly and/or their current prescription does not adequately correct their vision, or prescription is more than two years old a new refraction should be obtained prior to ordering.

b. The Marine must bear the financial responsibility to obtain this refraction from a civilian optometrist.

# CHAPTER 9

## HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND MANAGEMENT OF POSITIVE SMCR PERSONNEL

### 1. GENERAL INFORMATION

a. Human Immunodeficiency Virus (HIV) is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). HIV infection has the potential to adversely affect the SMCR and military readiness. To reduce the risk of HIV infection incident to military service, the effect of HIV infected personnel on SMCR units, and to ensure the safety of military blood supplies, it is necessary to implement a surveillance program of HIV testing and to establish procedures for the disposition of SMCR personnel who have tested positive for HIV.

b. SECNAVINST 5300.30 series sets forth the Department of the Navy policy on the management of HIV infection in the Navy and Marine Corps.

c. The latest information may be obtained from Navy Central HIV Program (NCHP) at http://www.bethesda.med.navy.mil, DSN 295-6590 or commercial (301) 295-6590.

### 2. SURVEILLANCE REQUIREMENTS

a. Unit commanders shall ensure that all SMCR personnel are tested for HIV and such testing is reported on the command unit diary (MCTFS) per MCO P1080.40C.

b. Testing of AC shall be tested every two years unless otherwise clinically indicated.

c. AC personnel with Permanent Change of Station (PCS) orders to an overseas duty station are required to have a negative HIV antibody test completed and results documented within 12 months prior to transfer.

d. Testing of RC shall be performed every two years and at the time of activation for more than 30 days, if they have not received an HIV screening test within the previous two years.

### 3. TESTING PROCEDURES

a. Guidelines describing HIV testing procedures and HIV test sample collection and processing are established by BUMED.

b. The primary source for HIV testing support is through the use of the Navy contracted company VIROMED. The alternate support site is the nearest Navy MTF. Each Navy ET-MTF has a designated point of contact for arranging testing or other support, such as providing blood collection tubes, etc. Arrangements must be coordinated in advance with the Navy ET-MTF. If testing cannot be arranged through Navy medical facilities, liaison is authorized with other Department of Defense (DoD) facilities. These facilities are under no obligation to provide such testing.

c. For remote SMCR units local collection and submission of HIV screening tests can be performed and tracked via the MRRS.

d. Copies of all completed test rosters shall be forwarded by the other service(s) MTFs to BUMED for entry into the Reportable Disease Data Base (RDDB).

e. The use of civilian Enzyme Linked Immunosorbant Assay (ELISA) test facilities is prohibited as a substitute for military HIV testing.

f. Hospital Corpsmen or Nurse Corps Officer may perform venipuncture for the purpose of obtaining a blood specimen for HIV testing.

4. FUNDING SHIPMENTS OF TEST SAMPLES. The contractor for HIV supplies and processing is VIROMED. VIROMED will supply, without cost to the unit, sufficient supplies to collect and mail specimens for processing. The VIROMED contract SOP can be found at: www.viromed.com/govtins/22NAVY030200Eattachment.pdf

5. EQUIPMENT AUTHORIZATION. Maintenance of additional equipment and supplies for HIV testing shall be in accordance with MCO 6700R.1 series.

6. REPORTING RESULTS. Results of HIV testing performed by Navy ET-MTF's will be reported directly to the unit commander. Test results and all other HIV related material containing personnel identifying data shall be handled in a confidential manner. Mailings will be in double sealed envelopes with the inner envelope marked "EYES ONLY" for the appropriate commander. Confidentiality of HIV results is of utmost importance.

7. MANAGEMENT OF HIV POSITIVE PERSONNEL

a. SECNAVINST 5300.30 series provides detailed guidance for the notification, counseling, and administrative and medical management of HIV positive personnel.

b. The CO of the HIV Positive Marine or Sailor is the only person permitted to make a notification.

CHAPTER 10

MEDICAL READINESS

1. GENERAL INFORMATION

a. Individual Medical Readiness (IMR) is an essential part of the USMC and COMMARFORRES ability to provide direct support to peace-time and war-time operations. Detailed guidance regarding IMR can be obtained in reviewing DoD Instruction 6025.19 series.

b. To reconcile and ease the tracking and reporting of IMR, COMMARFORRES has directed the utilization of the MRRS.

c. IMR is divided into several categories to include: Fully Medically Ready, Partially Medically Ready, Medical Readiness Indeterminate, and Not Medically Ready.

(1) Fully Medically Ready status is an indication that all required medical readiness items are up to date and documented completely in MRRS and in the service members health record.

(2) Partially Medically Ready status is an indication that all essential IMR are completed to include: PHA, Type 2 dental examination, and a biannual HIV screening. Service members in a partially medically ready status do however have some deficient IMR items such as immunizations remaining.

(3) Medical Readiness Indeterminate is a status when service members lack an essential IMR item such as a PHA or Type 2 dental examination.

(4) Not Medically Ready is a status that demonstrates that a service member has a known medical or dental condition which prevents the member from performing all duties of their rank and MOS either temporarily in the case of TNPQ, TNDQ or permanently in the case of Medical Retention and Review (MRR) cases.

2. MEDICAL READINESS REPORTING SYSTEM (MRRS)

a. MRRS is a critical software application that is used in the data collection and in the dissemination process necessary for command and control of Navy and Marine Corps individual medical readiness.

b. MRRS is a web-based system, which provides management support with emphasis on IMR information reported at all command levels, and provides a summary of data to upper echelon managers for readiness and strategic decision-making. Functions supported include tracking of IMR requirements, LOD, Medical TNPQ/TNDQ. The data contained in MRRS is sensitive and is subject to the Privacy Act of 1974 and HIPAA.

c. For questions or assistance with MRRS, contact MRRS help at (800)537-4617 or https://mrrs.cnrf.navy.mil/mrrs/default.jsp.

3. PREVENTIVE HEALTH ASSESSMENT (PHA)

a. In accordance with Chapter 15 of the Manual of the MANMED regular physical examinations have been replaced with the annual requirement for a PHA. It is important that the MDR notes that the physical examination requirement for Marines and Sailors in the aviation and dive duties is specific.

b. In accordance with the MANMED, Chapter 15 paragraph 23, if an MDR determines that a SMCR had a material change in a medical condition that will likely prevent the service member from safely or effectively fulfilling the responsibilities of their rank or rating or interfere with mobilization, an administrative package; i.e. TNPQ or MRR package must be submitted to the appropriate authority, see Chapter 4 of this instruction for guidance on administrative package submissions.

4. IMMUNIZATIONS

a. BUMEDINST 6230.15 series sets the policy and defines the procedures to be followed in administering immunizations and managing the Immunizations and Chemoprophylaxis program. This policy applies to both AC and RC personnel and shall be read by the MDR prior to the administration of **any** vaccines.

b. Vaccines will be administered in accordance with BUMEDINST 6230.15 series. MDRs will ensure that the following emergency response requirements are met **prior to administering any vaccines:**

(1) The completion of the MILVAX course which can be obtain through the website http://www.vaccines.army.mil/.

(2) Written plan. MDRs administering immunizations will develop and maintain a written plan or SOP for emergency response, including management of anaphylaxis and fainting.

(3) Training. Whenever vaccines are administered, at least one person present must be trained and current in basic cardiopulmonary resuscitation, oro-pharyngeal airway management, and recognition and initial treatment of anaphylaxis with epinephrine.

(4) Anaphylaxis management. Supplies necessary for emergency medical management of anaphylaxis (i.e, epinephrine, oral airway) and equipment and ability to activate an emergency medical system must be immediately accessible on scene during administration of any vaccine.

(5) Observation. The Marine or Sailor will be observed for 15 to 20 minutes after being immunized.

c. Purified Protein Derivative (PPD) is the screening injection for determination if an individual has been potentially exposed to tuberculosis.

d. Table 1 of BUMEDINST 6230.15 series, identifies mandatory vaccinations for military personnel by category.

e. Medical department personnel must be familiar with indications and contraindications for use of specific vaccines and chemoprophylactic medications. Prior to administering live virus immunizations the MDR must ensure that personnel are screened for up to date HIV infection screening, any hypersensitivities or allergies, and that female personnel of child bearing age are not pregnant or planning to become pregnant within the 30 days.

f. All immunizations and vaccines administered will be recorded on the SF 601, PHS Form 731 and in MRRS. Written statements from a civilian physician attesting to immunizations with approved vaccines (providing dates and dosages) may be accepted and transcribed to the SF 601, PHS 731 and entered into the MRRS.

5. DENTAL EXAMINATIONS. Each AC and RC Marine requires a type 2 dental examination annually. For SMCR, this dental examination can be performed no more than twice in a three year period by a civilian dentist. The civilian dental examination must be documented on DD 2813. Once during a three year period an SMCR must be examined by a military dental provider.

6. READINESS SPECIFIC LABORATORY STUDIES

a. DNA collection.

(1) Individual unit commanders are responsible for ensuring that DNA specimens are collected and verified from all personnel within their respective commands.

(2) Send a text file with name and last four of the social security number of each member in the command directly to the repository at e-mail address: afrssir@afip.osd.mil to verify receipt and on file status at the repository.

(3) When a specimen has been verified as being on file at the DNA repository utilizing the methods in the above paragraph, MDRs will ensure that documentation reading "DNA VERIFIED ON FILE THIS DATE" is annotated in the health record next to the entry where the original specimen collection was recorded and on the DD 2766. These entries will eliminate the requirement for multiple checks and has been approved by the BUMED.

(4) An automated link between MRRS and the Armed Forces Institute of Pathology (AFIP)is in place to reflect when a specimen has been accepted by AFIP.

b. G6PD and Sickle Cell Screening.

(1) G6PD and Sickle Cell testing is required for all personnel upon entry into military service. G6PD and Sickle Cell status must properly documented on an actual laboratory chit and must be on filed within the outpatient treatment record and DD 2766.

(2) In the absence of the laboratory chit the G6PD/Sickle Cell Status must be repeated and properly documented in accordance with MANMED Chapter 16.

c. HIV screening. See Chapter 9 of this instruction for detailed guidance on the IMR for HIV screenings.

d. Blood typing.

(1) Known as ABO Rh screening in professional medical arenas, blood typing is required for all personnel upon entry into military service. For a service member to have their blood typing properly documented an actual laboratory chit must be on file within the outpatient treatment record and annotated on the DD 2766.

(2) In the absence of the laboratory chit the G6PD/Sickle Cell Status must be repeated and properly documented.

7. TUBERCULOSIS CONTROL PROGRAM

a. A Tuberculosis control program shall be conducted as outlined in BUMEDINST 6224.8 series. The command holding the medical treatment record is responsible for monitoring health records and managing local tuberculosis control programs for affected personnel.

b. Medical treatment records must be reviewed to ensure compliance with this instruction at least annually.

c. Per BUMEDINST 6224.8 series Ready Reserve personnel are required to be tested triennially. The standard four drill period for members of the RC would make it impossible to allow for the proper screening and interpretation of RC Marines for tuberculin exposure.

(1) MDRs shall ensure compliance with the applicable instruction by local measures, at a minimum a trained health care provider MUST interpret PPD screenings for the screening to be considered accurate.

(2) MDRs may locally produce a letter for individuals to allow the member to have the PPD read by a qualified civilian or military health care professional such as a nurse or physician within 48-72 hours after PPD administration. The letter would need to be signed including contact information of the health care professional. The letter should be included in the member's health record as verification of reading.

8. MEDICAL WARNING TAGS

a. Medical warning tags are required for all service members who have a known sensitivity to a medicinal agent and for those personnel who have a deficiency in G6PD or Sickle Cell.

b. One medical warning tag will be issued to the member and another tag will be maintained in the outpatient treatment record on a SF 600 form and placed on the left hand side of the health record behind the DD2766.

9. GAS MASK INSERTS AND BALLISTIC EYE WEAR. For detailed guidance on the ordering and maintenance of gas mask inserts and ballistic eye wear refer to Chapter 8 of this instruction.

CHAPTER 11

MOBILIZATION

1. PRE-MOBILIZATION. The MDR is charged with ensuring the constant IMR for all SMCR personnel. The Commanding General Inspection and the Force Readiness Assistance and Assessment and Program serve as a guide for ensuring a satisfactory readiness level prior to notification of deployment. It is the responsibility of the I-I to communicate Individual Medical Readiness status to higher echelon battalion or regiment. It is expected that this information will be provided and verified by the MDR.

2. MEDICAL NEEDS BASED ON LOCATION OF OPERATION. Upon notification of mobilization the MDR will contact the closest Navy Environmental Health and Preventive Medicine Unit for specific health information regarding the deployment. Any special immunizations or preventive medical issues will be addressed prior to deployment from the Gaining Force Command (GFC).

3. NAVY MOBILIZATION REQUEST PROCESS. The MDR will work with their unit commander to identify all Navy mobilization requirements, Reserve and HSAP, and forward these requirements to MARFORRES G-1 via their respective MSC. All requirements and by name candidates must be received no later than 120 days prior to unit activation date. All Reserve personnel approved by Chief of Naval Operation (CNO) for mobilization will receive official notification from their respective NOSC at least 60 days prior to mobilization. All mobilization orders will be issued by Bureau of Personnel (BUPERS). Members can obtain a copy of their orders from their supporting NOSC. All reservists will utilize the Navy Mobilization Processing Site (NMPS) in Camp Lejeune, NC for processing to active duty. MDRs should contact their supporting NOSC or MSC if additional medical support to process Marines for activation is necessary. For additional guidance refer to the MARFORRES G-1 webpage: http://www.mfr.usmc.mil/HQ/G1/IPAC/MOBDEMOB/Index.htm>.

4. DEERS VERIFICATION. Upon activation and in conjunction with the administration department the MDR will ensure that the Marines and Sailors have updated all personal data in the DEERS either via ID Cards section at the mobilizing Reserve Station or by phoning (800)538-9552. DEERS verification must be completed to ensure that all medical and dental benefits to which an SMCR Marine and their family are entitled to are made available.

5. MEDICAL AND DENTAL TREATMENT RECORDS FOR MOBILIZATION

a. Deployment Health Records (DHR) are authorized for deployable units, Manual of the Medical Department Chapter 16 gives more detailed guidance on the creation and maintenance of DHRs. If SMCR units elect to deploy with DHRs, original outpatient health records will be retained at the home site or the closest MTF to the SMCR unit's home site. Maintenance and custody of outpatient health records is the responsibility of the deploying unit's chain of command.

b. Health Record verifications will be performed prior to the scheduled completion of the deployment to ensure that all medical care rendered or required is documented and integrated into MRRS and the DHR.

c. Deceased member's DHR will be forwarded with remains and incorporated into the original outpatient health record.

6. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795)

a. Per DoDI 6490.03, a DD Form 2795 must be completed or the previous DD Form 2795 must be confirmed as current within 60 days prior to the expected deployment date.

b. Following completion of the DD Form 2795, it must be immediately reviewed by a health care provider. For this purpose, the provider must be a nurse, medical technician, medic, or corpsman. A positive reponse to questions 2,3,4,7, or 8 requires referral to a trained health care provider (physician, physician assistant, nurse practitioner, avanced practice nurse, IDC, independent duty medical technician, or Special Forces medical sergeant.

c. In accordance with NAVADMIN 207/08, Command leadership and MDR's will use MRRS as the approved database for tracking the completion of the DD Form 2795.

7. DEMOBILIZATION

a. All Medical demobilization issues should be conducted and coordinated by the GFC Medical Department. SMCR members should not be returned to SMCR home site until found "Fit for Separation" or "Fit for Full Duty" by the governing Medical Officer for the GFC. All questions and concerns regarding the Medical Status of SMCR members should be addressed to the Medical Officer for the GFC.

b. It is the responsibility of the MDR to conduct a thorough review and reconciliation of the DHR, Outpatient treatment record, and Medical Readiness Reporting System for each SMCR prior to demobilization.

8. POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA)

a. In accordance with DODI 6490.03, each returning indiviual who requires a DD Form 2796 must be scheduled for a face-to-face health assessment with a trained health care provider (physician assistant, nurse practitioner, advanced practice nurse, IDC, indepent duty medical technician, or Special Forces medical sergeant) during the expected in-theater medical out-processing or before they are released from active duty utilizing DD Form 2796.

b. SMCR MDRs will ensure outpatient health records are verified to include verification that a PDHA is enclosed for the present deployment, and properly documented in MRRS. See MARADMIN 283/06 dated R210007Z JUN 06/for further guidance.

c. RC members returning from a deployment, who require more detailed medical evaluation or treatment may, with the member's consent, be kept on AD until they are fit for duty or processed through the Disability Evaluation System. The member may request to be released from AD before completing the LOD medical treatment and possible Disability Evaluation System processing. An RC member who elects to be released from AD before resolution of an LOD health condition, is still entitled to treatment through the military health care system and processing for LOD condition through the Disability Evaluation System, if warranted. Once the member is released from AD and returned to his/her Reserve unit, the unit MDR will submit ducumentation to HQMC (M4L/RMED) (Marine for Life, Reserve Medical Entitlement Department) will determine if the condition warrants LOD benefits. If approved, this LOD care shall be coordinated with the I-I staff or operational support center. Ensure RC personnel are made aware of how to access follow-up care for Service-connected health issues. In accordance with MSGID DOC SECNAV 16Mar2006, the MDR shall indicate "PDHRA" in the "INJURY" field in MRRS and in the "DIAGNOSIS" field of the MMSO Cover Sheet.

9. POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)

a. Per ASN dated 5 July 2005 all SMCR personnel who completed an OCONUS deployment on or after 19 March 2004 are required to complete a Post-Deployment Health Re-Assessment(PDHRA). The PDHRA must not be confused with the Post Deployment Health Assessment(PDHA).

b. The PDHRA is a commanders program. Commanders will identify Marines and Sailors assigned to supported units who meet the PDHRA criteria and are within or beyond the window for screening, and ensure the members complete the DD 2900 between 90 and 180 days post deployment. Unit commanders shall track the compliance of their eligible members with this program. See MARDAMIN 283/06 210007Z Jun 06, COMMARFORRES 061820Z Jul 06, COMMARFORRES 281820Z NOV 2007, and ALMAR 047/07 CMC Washington DC 312028Z Oct 07 for further guidance.

c. Effective utilization of the PDHRA by Unit Commanders, in close coordination with site Commander/I-I is critical in ensuring early identification and treatment of emergent deployment health concerns. The MDR MUST coordinate their requirement needs with the MARFORRES HSS PDHRA POC to schedule a PDHRA event. This event will have contract privileged health care providers and specialty mental health providers who are able to employ both a PDHRA call center and PDHRA site visit (for 40 members or more).

d. The three scheduling categories of the PDHRA are as follows:

| Maturing | Due | Overdue |
|---|---|---|
| < 90 (Days) | 90 - 180 (Days) | 181 + (Days) |

Those units that have service members that are "overdue" PDHRA will contact the PDHRA Program Manager at MARFORRES HSS to satisfy the requirement immediately.

e. The contract privileged health care provider certifies the DD 2900 and hard copies are given to the MDR during on site visits or mailed to the member if PDHRA screens are performed utilizing the Call Center.

f. I-I(s) MDR(s) shall request an "Initial LOD" determination from HQMC M4L/RMED for any member referred for further evaluation. The "Initial LOD" covers one visit only. If the definitive diagnosis is such that treatment is required, the I-I/MDR manages the case in accordance with Assistant Secretary of Defense (ASD) Health Affairs (HA) Memorandum, Policy Guidance for Deployment Limiting Psychiatric Conditions and Medications, 10 March 2005 and SECNAVINST 1770.3D.

g. The I-I/MDR shall indicate "PDHRA" in the injury category in MRRS and on the Military Medical Support Office (MMSO) cover sheet in "Diagnosis".

h. A DD Form 2900 that has been completed by the service member (even if only page 1) and reviewed by an appropriate HCP constitutes a completed form, a hard copy of which should be entered in to the member's health record.

# CHAPTER 12

## TRICARE AND HEALTH CARE BENEFITS

### 1. HEALTH CARE BENEFITS FOR RESERVE COMPONENT (RC) PERSONNEL

a. This section is a description of health care programs that are available to RC Marines; detailed information can be found in MARADMIN 024/05, (Permanent Health Care Benefits for Reservists).

b. RC Marines while in an AD status are authorized medical and/or dental screening that is necessary to ensure the member meets the IMR requirements. These screenings are not associated with medical or dental care provided through either Tricare Reserve Select (TRS) or United Concordia Dental; medical or dental screenings are only available by MTF.

c. Marines of the IRR who are notified they will be issued activation or Active Duty Operational Support (ADOS) orders for a period of more than 30 days will also immediately be informed by Mobilization Command (MOBCOM) of their eligibility for no cost medical or dental screening.

d. Ready Reserve Marines and their families become eligible for early benefits for TRICARE as early as 90 days prior to reporting date.

(1) Example #1: CMC activation message (MSG) directs the activation of 1st BN, 25th Marines (1/25) on 1 August 2004. The MSG is dated 1 April 2004. The members of 1/25 are notified by their chain of command on 2 April 2004 of their upcoming activation. Members of 1/25 and their family members are not eligible for TRICARE coverage until 3 May 2004.

(2) Example #2: CMC activation MSG directs the activation of 1/25 on 1 May 2004. The MSG is dated 1 April 2004. The members of 1/25 are notified by their chain of command on 2 April 2004 of their upcoming activation. Members of 1/25 and their family members are eligible for TRICARE coverage on 2 April 2004.

e. It is recommended that Marines notified of their impending activation continue their existing civilian health and dental service for themselves and their family members until they have completed their 31st day of AD. This protects them against the loss of health care coverage if they lose their TRICARE eligibility. Loss of TRICARE eligibility occurs if a member is found not medically qualified for activation before the 31st day of activation.

f. RC Marines of the SMCR, IMA, and IRR are eligible for TSR under the following requirements:

(1) Serve on continuous AD for 90 days or more, on or after 11 September 2001, in support of a contingency operation, or;

(2) Are ordered to AD for 30 days or more in the above category but who serve less than 90 continuous days because of an injury, illness, or disease incurred in the LOD.

(3) Before the end of a member's activation or ADOS orders, enter into an agreement to serve in the Selected Reserve (SELRES). Exception: members whose orders ended prior to 26 April 2005 had until 28 October 2005 to enter into this agreement.

g. A member is eligible for one year of TRS coverage for every 90 days of continuous AD performed. For example, a member who serves on ADOS orders for one year is eligible for four years of TRS coverage.

h. Partial periods of less than 90 days do not increase coverage eligibility. For example, a member who serves on activation orders for 120 days only rates one year of coverage. Exceptions are those personnel who meet the criteria listed in Force Order 6000, paragraph F, subparagraph 2.

i. There is no limit to the amount of coverage a member can be eligible for as long as their period of AD is continuous (meaning without a break in service). Example #1: A member who serves on AD continuously for four years (two years on activation orders and two years on ADOS orders) rates 16 years of TRS coverage.

j. If there is a one day (or longer) break between periods of AD, coverage accrual stops and the member can only choose one period of AD to qualify for TRS. Example #1: A member, who serves on activation orders for one year, has a one year break, and then serves two continuous years on ADOS orders can only choose one of those periods of AD to determine coverage length. At most, in this example, the member is eligible for eight years of TRS coverage NOT twelve.

k. Reserve Marines who purchase TRS coverage must pay a monthly premium. Current premiums can be found at http://www.tricare.osd.mil. Enrollment in TRS is a four-step process, as described in section 12001 of this order, requiring action by the Reserve Marine, the command, and Commandant of the Marine Corps (Reserve Affairs) (CMC (RA)).

2. TRS ENROLLEMENT PROCESS

a. TRS Enrollment Step #1: Command responsibilities. All commanders who administer reserve personnel or deactivation processing shall designate unit TRS representatives to administer the TRS program. TRS reps perform the following functions:

(1) Serve as verifying officers for DD form 2895.

(2) Ensure that prior to the end of a period of activation or ADOS orders, every member of the command is notified of their eligibility of the TRS program.

(3) Provide members the opportunity to log on to the DOD web site to accept or decline TRS.

(4) Incorporate a brief on TRS into the unit/DPC deactivation process.

b. TRS Enrollment Step #2: Enter into an agreement to serve in the SELRES. This step must be performed prior to the end of a Reserve Marine's activation or ADOS orders.

(1) Prior to the end of their orders, Reserve Marines must fill out DD form 2895 "Agreement to Serve in the Selected Reserve for TRICARE Reserve Select", indicating their intent to serve in the SMCR after they transition from AD.

(2) When filling out the form, a Reserve Marine must indicate how many whole years of TRS coverage they desire. Reserve Marines can take less TRS coverage than they rate, however they cannot change their election after the DD form 2895 has been submitted.

(3) The DD form is located on the internet at www.dmdc.osd.mil/guard-reserveportal.

c. TRS Enrollment Step #3: "Execute the agreement." All actions in this step must be done prior to the end of the Marine's TAMP period.

(1) Join a SMCR unit or IMA DET

(2) Once the DD 2598 form is complete, the unit TRS representative will verify the form by logging on to the DOD web site as the "verifying official".

(3) Mail the TRICARE enrollment form and the first premium payment to the appropriate TRICARE Regional Contract Office (TRCO). The web site will have a link to identify the Marine's TRCO. This form must be mailed no later than 30 days prior to the end of a Marine's TAMP period.

d. The DD 2895 form should not be confused with a reenlistment contract, The DD 2895 and a reenlistment contract are two separate items and processes that have no relation to one another. The DD 2895 simply fulfills a legal requirement for the member to indicate a willingness to serve in the SELRES for a time frame sufficient to cover the qualifying TRS benefit period. It neither re-obligates a non-obligor to serve in the SELRES, nor does it extend the obligation of an obligor to serve.

e. All reserve members must be made aware that eligibility for TRS is subject to the needs of the Marine Corps. Unit Commanders and IMA sponsors do not have to join a member simply because he or she is eligible for TRS. If an IRR member is eligible for TRS but is unable to join a SMCR unit or IMA DET, the member loses the TRS benefit. Eligibility for TRS does not supersede established reserve manpower policies regarding service limitations or reenlistments. Members eligible for TRS who have reached their service limitations or are unable to reenlist will lose the TRS benefit.

f. If any unit or individual member believes that the service member's eligibility information must be updated or was not correctly passed, the unit's TRS representative will contact the Defense Manpower Data Center (DMDC) Marine Corps liaison at commercial (831)583-2400 extension 4224.

g. Additional TRICARE Information is available by accessing the TRICARE website at www.tricare.osd.mil or commercial (888)363-2273.

3. HEALTH CARE BENEFITS FOR Active Component (AC) Personnel

a. AC personnel are authorized medical benefits free of cost.

b. For families of AC personnel Tricare benefits are authorized to the level of coverage provided within the area the family is residing. For specific questions MDR should contact the local Tricare Service Center, MFT or www.tricare.com.

4. DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)

a. RC Marines must enroll in DEERS. While enrolling, RC Marines should ensure that their dependent information is updated. To locate the nearest DEERS-Realtime Automated Personnel Identification System (RAPIDS) site access the DMDC website at www.mdmc.osd.mil/guard-reserveportal. Reserve Marines and their family members may verify their enrollment in DEERS by contacting the DEERS Support office at (800)538-9552.

b. Family members whose information is already in DEERS will automatically be enrolled in DEERS upon activation, once the MCTFS entries are reported on the unit diary.

5. TRANSITION ASSISTANT MANAGEMENT PROGRAM. Previously under TRICARE, transitional health care coverage was limited to 60 or 120 days depending on the member's years of cumulative service. However under new guidance, the period of coverage has been increased to 180 days for members mobilized in support of a contingency operation for a period of more than 30 days. This period of coverage begins on the member's deactivation date, however this coverage is not automatic and the service member by register in order to begin utilizing TRICARE benefits.

6. MEDICAL TREATMENT FOR RESERVE PERSONNEL NOT ELIGIBLE FOR TRICARE

a. Treatment of RC personnel should be handled essentially the same as that of an AD individual if the injury takes place during drill, AT, or while enroute to or from the performance of military duties. The enroute coverage is determined by the most direct course. In all cases, including travel to and from inactive duty training, ensure all command personnel are alerted to the requirement to conduct a JAG Manual Investigation to determine proper entitlements "Line of Duty and Misconduct Status" DD Form 261.

b. MMSO in Great Lakes, IL is the primary point of contact for emergency medical treatment and approval of follow up treatment of RC personnel. Detailed contact information for MMSO can be found at: http://mmso.med.navy.mil.

c. MMSO benefits can not be utilized for routine care until a LOD is approved. For emergency situations MDRs will contact MMSO for authorization as soon as possible to ensure coverage of medical treatment.

d. When a mobilized member incurs or aggravates an injury, and is within two months of their mobilization EAS (usually one year from activation), contact CMC (Wounded Warrior Reginent/RMED) to submit a Medical Extension request via the Medical Review Team for recommendation. The CO, Wounded Warrior Regiment (WWR) is the only entity authorized to extend a mobilized Marine past their original EAS.

e. Ensure that the I-I Admin Chief and the CO or Officer in Charge (OIC) at the member's home training site is aware of the medical extensions. The CO or I-I of the home training center is ultimately responsible for the Marine, even if the Marine is attached to an AD component.

7. LINE OF DUTY (LOD)

a. SECNAVINST 1770.3 series establishes the policy and eligibility criteria for LOD benefits, formerly known as NOE. MCO 1770.2 series provides detailed instructions concerning the administration and submission procedures for the LOD program.

b. The MCMEDS is the web-enabled application for all Marine Corps Reserve Reporting Units to submit, update, and track requests online for medical entitlements and incapacitation pay for injuries incurred by Reservists during drill or AD periods of 30 days or less.

c. Upon approval, the individual Marine is authorized medical care until they are returned to full duty or discharged through the Disability Evaluation System (DES). Incapacitation pay is only authorized for six months.

d. Every 30 days after initial approval of MCMEDS request, until the individual Marine is returned to full duty, the SMCR unit must submit, via MCMEDS, an incapacitation pay request, accompanied by current medical documentation.

e. If the Wounded Warrior Regiment disapproves a MCMED request and no administrative corrective action was directed, the individual Marine is NOT authorized medical care/incapacitation pay and no further action is required.

f. MCMEDS can authorize both a drilling (204h) and non-drilling (204g) LOD, based on the restrictions imposed by the treating physician.

g. For MCMEDS registration or concerns, contact WWR MCMEDS help desk at, MCMEDS@usmc.mil. Four users per Reserve site are required to manage MCMEDS (CO/I-I, Admin Chief/Admin Rep, Corpsman, alternate).

APPENDIX A

HEALTH RECORD ORGANIZATION

**Left Side, Part 1: Record of Preventive Medicine and Occupational Health.**

**DD 2766**, Adult Preventive and Chronic Care Flowsheet
**SF 601**, Immunization Record
**NAVMED 6000/2**, Chronological Record of HIV Testing
**DD 771**, Eyewear Prescription
**NAVMED 6470/10**, Record of Occupational Exposure to Ionizing Radiation
**NAVMED 6470/11**, Record of Exposure to Ionizing Radiation from Internally Deposited Radionuclides
**DD 2215**, Reference Audiogram
**DD 2216**, Hearing Conservation Data
**NAVMED 6224/1**, TB Contact/Converter Followup
**NAVMED 6260/5**, Asbestos Medical Surveillance Program
**DD 2493-1**, Asbestos Exposure-Part 1, Initial Medical Questionnaire
**DD 2493-2**, Asbestos Exposure, Part 2, Periodic Medical Questionnaire
**OPNAV 5100/15**, Medical Surveillance Questionnaire
Other 5100 Forms

**Right Side, Part 2: Section A: Record of Medical Care and Treatment.**

**OPNAV 5510/415**, Record Identifier for Personnel Reliability Program
File all the following forms together, in reverse chronological order, regardless of form number; group episodes of care.
**SF 558**, Medical Record-Emergency Care and Treatment Record of Ambulance Care
**SF 600**, Chronological Record of Medical Care
**SF 513**, Medical Record-Consultation Sheet
**DD 2161**, Referral for Civilian Care
**DD 2795**, Pre-Deployment Health Assessment
**NAVMED 6300/5**, Inpatient Admission/Disposition Record
**SF 502**, Medical Record-Narrative Summary
**SF 539**, Medical Record-Abbreviated Medical Record
**SF 509**, Progress Notes
**SF 516**, Medical Record-Operation Report
**SF 600** (when used as record of outpatient surgery; file with 516)
**SF 517**, Anaesthesia
**SF 522**, Request for Administration of Anaesthesia (file with 517)
**SF 533**, Medical Record- Prenatal and Pregnancy
Civilian Medical Care Notes
**DD 602**, Patient Evacuation Tag (staple to current SF 600)

**Left Side, Part 3: Physical Qualifications, Administrative Forms**

**NAVMED 1300/1**, Medical and Dental Overseas Screening Review
**NAVPERS 1300/16**, Report of Suitability for Overseas Assignment
**NAVMED 6100/1**, Medical Board Report Cover Sheet
**NAVMED 6100/2**, Medical Board Statement of Patient
**NAVMED 6100/3**, Medical Board Certificate
**NAVMED 6100/5**, Abbreviated Temporary Limited Duty
**SF 2824C**, Physicians Statement for Employee Disability Retirement
**SF 47**, Physical Fitness Inquiry for Motor Vehicle Operators
**SF 78**, Certificate of Medical Exam
**DD 2808**, Report of Medical Examination
**DD 2807-1**, Report of Medical History
**DD 2807-2**, Medical Pre-Screen of Medical History Report
**BUMED waiver letters** with BUPERS endorsement
**NAVMED 6120/1**, Competence for Duty Examination

**NAVMED 6120/2**, Officer Physical Exam Special Questionnaire (file in place of 2807-1 when used)
**NAVMED 6120/3**, Annual Certificate of Physical Condition
**NAVMED 6150/2**, Special Duty Medical Abstract
**NAVMED 6150/4**, Abstract of Service and Medical History
**NAVJAG 5800/10**, Injury Report
**NAVJAG Report**-Investigation into circumstances of injury
**DD 2792**, Exceptional Family Member Program
**DD 2569**, Third Party Collection Program
Living Will or Medical Power of Attorney
**OPNAV 5211/9**, Record of Disclosure
**DD 877**, Request for Medical/Dental Records
**DD 2005**, Privacy Act Statement
**DNA Analysis**, Sample Pouch

**Right Side, Part 4: Record of Ancillary Studies, Therapies, etc.**

**SF 217**, Medical Report-Epilepsy
**SF 515**, Medical Record-Tissue Examination
**SF 519A**, Radiographic Consultation Request/Report
**SF 519B**, Medical Record-Radiologic Consultation Request/Report
**SF 519**, Medical Record-Radiographic
**SF 518**, Medical Record-Blood or Blood Component Transfusion
**SF 520**, Medical Record-Electrocardiogram Request
**SF 524**, Radiation Therapy
**SF 525**, Radiation Therapy Summary
**SF 526**, Medical Record-Interstitial/Intercavity Therapy
**SF 527**, Group Muscle Strength, Joint ROM, Girth and Length Measurements
**SF 528**, Medical Record-Muscle Function by Nerve Distribution: Face, Neck, and Upper Extremity
**SF 529**, Medical Record-Muscle Function by Nerve Distribution: Trunk and Lower Extremity
**SF 530**, Neurological Examination
**SF 531**, Anatomical Figure (may be filed with corresponding SF 600, SF 513, etc.)
**SF 541**, Medical Record-Gynecologic Cytology
**SF 545**, Laboratory Report Display
**SF 546-557**, Laboratory Reports (attach to 545 in chronological order)
**SF 559**, Medical Record-Allergen Extract Prescription
**SF 560**, Medical Record-Electroencephalogram Request and History.
**SF 511**, Vital Signs Record
**SF 512**, Plotting Chart

## APPENDIX B

## ACRONYMS

AC.....Active Component
AD.....Active Duty
ADAL.....Authorized Dental Allowance List
ADSM.....Active Duty Service Members
ADOS.....Active Duty Operational Support
ADT.....Active Duty Training
AED.....Automated External Defibrillator
AFIP.....Armed Forces Institute of Pathology
AHLTA.....Armed Forces Health Longitudinal Technology Application
AIDS.....Acquired Immune Deficiency Syndrone
AMAL.....Authorized Medical Allowance List
AMSA.....Army Medical Surveillance Activity
AR.....Active Reserve
ARC.....Aids Related Complex
ASCII.....American Standard Code for Information Interchange
ASL.....Active Status List
AT.....Annual Training
AWC.....All Weather Coat
BAS.....Battalion Aid Station
BCAC.....Beneficiary Counseling and Assistance Coordinator
BLS.....Basic Life Support
BUMED.....Bureau Of Medicine And Surgery
CACO.....Casualty Assistance Calls Officer
CAX.....Combined Arms Exercise
CBRN.....Chemical, Biological, Radiological and Nuclear
CCPD.....Centralized Credentialing Privileging Department
CFL.....Command Fitness Leader
CGI.....Commanding General Inspection
CHCS.....Computerized Health Care System
CHCSII.....Composite Health Care System
CIP.....Command Inspection Program
CLS.....Combat Life Saver
CMC(RA).....Commandant Of The Marine Corps (Reserve Affairs)
CNO.....Chief of Naval Operations
CO.....Commanding Officer
COMMARFORRES.....Commander, Marine Forces Reserve
CONUS.....Continental United States
CPR.....Cardiopulmonary Resuscitation
DD&E.....Delay, Deferment And Exemption
DEERS.....Defense Eligibility Enrollment Reporting System
DEERS-RAPIDS.....Defense Eligibility Enrollment Reporting System-Realtime Automated Personnel Identification System
DES.....Disability Evaluation System
DHR.....Deployment Health Record
DMDC.....Defense Manpower Data Center
DNA.....Deoxyribonucleicc Acid
DTF.....Military Dental Treatment Facility
DU.....Decision Unit
DVECC.....Navy Disease Vector Ecology And Control Center
EAS.....Expiration of Active Service
ECC.....Expiration of Current Contract
EFMFWS.....Enlisted Fleet Marine Force Warfare Specialist
ERC.....Enroute Care
ET-MTF.....Navy Elisa Testing-Medical Treatment Facility
FOUO.....For Official Use Only
FRAAP.....Force Readiness Assistance and Assessment Program

FMF.....Fleet Marine Force
GFC.....Gaining Force Command
GMI.....Gas Mask Inserts
GMT.....General Military Training
HAV.....Hepatitis A Virus
HBA.....Health Benefits Advisor
HIPAA.....Health Insurance Portability and Accountability Act
HIV.....Human Immunodeficiency Virus
HREC.....Health Record
HSSO.....Health Services Support Office
IDC.....Independent Duty Corpsmen
IDTT.....Inactive Duty Training Travel
IDT.....Inactive Duty Training
I-I.....Inspector-Instructor
ILOC.....Intermediate Location
IMA.....Individual Mobilization Augmentee
IMR.....Individual Medical Readiness
IRR.....Individual Ready Reserve
ITP.....Individual Training Plan
JON.....Job Order Number
LOD.....Line of Duty
ITR.....Individual Traning Record
LODI.....Line of Duty Investigation
LOI.....Letter of Instruction
LTI.....Limited Technical Inspection
MANMED.....Manual of the Medical Department
MAP.....Medical Augmentation Program
MARFORRES.....Marine Forces Reserve
MARPAT.....Marine Pattern
MCMEDS.....Marine Corps Medical Entitlements Data System
MCO.....Marine Corps Order
MCLO.....Marine Corps Liaison Officer
MCRSC.....Marine Corps Reserve Support Center
MCTFS.....Marine Corps Total Force System
MDR.....Medical Department Representative
MEB.....Medical Evaluation Board
MEBR.....Medical Board Reports
MMSO.....Military Medical Support Office
MOBCOM.....Mobilization Command
MORDT.....Mobilization Operational Readiness Deployment Test
MRR.....Medical Retention and Review
MRRS.....Medical Readiness Reporting System
MSC.....Medical Service Corps
MSG.....Message
MTF.....Military Treatment Facility
NEHC.....Naval Environmental Health Center
NEPMU.....Naval Environmental And Preventive Medicine Unit
NCHP.....Navy Central HIV Program
NMPS.....Navy Mobilization Processing Site
NOE.....Notice of Eligibility
NOSC.....Naval Operational Support Center
NOSTRA.....Naval Ophthalmic Support And Training Activity
NPQ.....Not Physically Qualified
NPRC.....National Personnel Records Center
OCE.....Officer Conducting the Exercise
OCONUS.....Outside the Continental United States
OIC.....Officer in Charge
PA.....Physician Assistant
PBFT.....Planning Board For Training
PEB.....Physical Evaluation Board

PFT.....Physical Fitness Test
PPD.....Purified Protein Derivative
PRP.....Personnel Reliability Program
PRT.....Physical Readiness Test
PN.....Personnelman
POA&M.....Plan of Action and Milestones
POM.....Program Objective Memorandum
PQ.....Physically Qualified
PT.....Physical Training
RMA.....Reserve Medical Administration
RAS.....Regimental Aid Station
RC.....Reserve Component
RDDB.....Reportable Disease Data Base
REDCOM.....Readiness Command
RMED.....Reserve Medical Entitlements Department
RSU.....Reserve Support Unit
R/O.....Responsible Officer
RUAD.....Reserve Unit Assignment Document
SACO.....Substance Abuse Coordinator
SFIDC.....Surface Force Independent Duty Corpsman
SIA.....Site of Initial Assignment
SELRES.....Selected Reserve
SMCR.....Selected Marine Corps Reserve
SMO-BUMED.....Senior Medical Officer-Bureau of Medicine and Surgery
SOP.....Standard Operating Procedures
SRTS.....Spectacle Request Transmission System
SSIC.....Standard Subject Identification Code
TAMP.....Transistional Assistance Management Program
TMO.....Transportation Management Office
TNDQ.....Temporarily Not Dentally Qualified
TNPQ.....Temporarily Not Physically Qualified
TRCO.....TRICARE Regional Contract Office
TRS.....Tricare Reserve Select
TOT.....Transportation Of Things
T/O.....Table Of Organization
WWR.....Wounded Warrior Regiment
YN.....Yeoman

## APPENDIX C

### LIST OF INSTRUCTIONS AND PUBLICATIONS

| | |
|---|---|
| OPNAVINST 1414.4A | Navy Enlisted Fleet Marine Force Warfare Specialist Program |
| OPNAVINST 1700.10K | Sailor of the Year Program |
| OPNAVINST 5100.23F | Navy Occupational Safety and Health (NAVOSH) Program Manual |
| OPNAVINST 5102.1C | Mishap Investigation Reporting |
| OPNAVINST 6110.1G | Physical Readiness Program |
| OPNAVINST 6320.3 | Non Physician Health Care Providers |
| OPNAVINST 6320.4A | Credentialing of Health Care Providers |
| OPNAVINST 6320.5 | Health Care Provider Conduct |
| OPNAVINST 6320.7 | Health Care Quality Assurance Policies for Operating Forces |
| OPNAVINST 6530.2C | Donor Support for Department of the Navy Blood Program |
| OPNAVINST 7320.6 | Hospitalization of Service Members in Foreign Medical Facilities |
| SECNAVINST 1770.3C | Management and Disposition of Incapacitation Benefits for Members of the Navy and Marine Corps Reserve Components |
| SECNAVINST 1850.4E | Disability Evaluation Manual |
| SECNAVINST 5216.5D | Department of the Navy Correspondence Manual |
| SECNAVINST 5300.30C | Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps |
| NAVMEDCOMINST 1500.8 | Command Training Program for Hospital Corps Personnel |
| NAVMEDCOMINST 6150.1 | Health Care Treatment Records |
| NAVMEDCOMINST 6220.2A | Disease Alert Reports |
| NAVMEDCOMINST 6320.1A | Non-Naval Medical Dental Care |
| NAVMEDCOMINST 6810.1 | Ophthalmic Services |
| BUPERSINST 6220.12A | Medical Event Reports |
| BUPERSINST 1610.10 | Navy Performance Evaluation and Counseling System |
| BUPERSINST 1770.3 | Navy Casualty Assistance Calls Program (CACP) Manual |

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| BUMEDINST 6120.20B | Competence for Duty Examinations, Evaluations of Sobriety, and Other Bodily Views and Intrusions Performed by Medical Personnel |
| BUMEDINST 6150.35 | Medical Warning Tag |
| BUMEDINST 6224.8 | Tuberculosis Control Program |
| BUMEDINST 6230.15 | Immunization and Chemoprophylaxis |
| BUMEDINST 6320.3B | Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities |
| BUMEDINST 6440.5B | Medical Augmentation Program (MAP) |
| BUMEDINST 6710.62A | Management and Disposal of Dated Medical and Dental Material |
| BUMEDINST 6710.63A | Reporting and Processing of Defective or Unsatisfactory Medical and Dental Material |
| BUMEDINST 6820.1 | Professional Medical Reference Materials and Publications |
| BUMEDNOTE 6000 of 28 May 04 | MANMED Change Chapter 2, Article 2-13, Medical Journal |
| BUMEDNOTE 6120 of 13 MAR 90 | Medical Examinations |
| BUMEDNOTE 6230 of 21 Dec 04 | To Provide Immunization Requirements and Recommendations and to Introduce Adult and Child Immunizations Records Forms |
| MCO 1001R.1J | Marine Corps Reserve Administrative Management Manual |
| MCO P1020.34G | Marine Corps Uniform Regulations |
| MCO P1070.12K | Marine Corps Individual Records Administration Manual (IRAM) |
| MCO P1080.40C | Marine Corps Total Force System Personnel Reporting Instructions Manual |
| MCO 1510.89B | Individual Training Standards (ITS) System for Marine Corps Common Skills (MCCS), Volume 1 |
| MCO 1770.2A | NOE Benefits for Members of Marine Corps Reserve |
| MCO 1771.1A | Collection of Deoxyribonucleic (DNA) reference Specimens to Aid in Remains Identification |
| MCO P3040.4E | Marine Corps Casualty Procedures Manual |
| MCO 3060R.17B | Mobilization Operational Readiness Deployment Test (MORDT) |
| MCO 3400.3F | Nuclear, Biological, and Chemical Defense (NBCD) Training |

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|---|---|
| MCO 3500.27B | Operational Risk Management (ORM) |
| MCO 5000.12E | Marine Corps Policy Conterning Pregnancy and Parenthood |
| MCO 5100.8F | Marine Corps Ground Occupational Safety and Health Program |
| MCO P5102.1B | Navy and Marine Corps Mishap and Safety Investigation Reporting, and Record Keeping Manual |
| MCO 6100.10A | Weight Control and Military Appearance |
| MCO 6200.1E | Marine Corps Heat Injury Prevention Program |
| MCO 6260.1E | Marine Corps Hearing Conservation Program |
| MCO 6310.1B | Pseudofolloculities Barbae |
| MCO 6320.2D | Administration and Procedures for Hospitalized Marines |
| MCO 6320.3B | Hospital Visitation Program |
| MCO 6700R.1M | Class VIII Material for USMCR Centers |
| MCO 6700.2D | Medical and Dental (Class VIII) Material for Support of The Fleet Marine Force |
| ForO 1540.3/CNRFINST 1540.10B | Naval Reserve Medical/Dental Training Support to the Selected Marine Corps Reserve |
| ForO 1650.5 | Sailor Of The Year |

BUMED MANUALS

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|---|---|
| NAVMED P-117 | Manual of the Medical Department |
| NAVMED P-5010 | Manual of Naval Preventive Medicine |
| NAVMED P-5041 | Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries |

BUPERS MANUALS

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|---|---|
| NAVPERS 15560D | Naval Military Personnel Manual |
| NAVPERS 15878 | Bureau of Naval Personnel Career Counselor Handbook |
| NAVPERS 15665I | U S Navy Uniform Regulations |
| NAVPERS 15909D | Enlisted Transfer Manual |
| FMFM 3-1 | Command and Staff Action |
| MCWP 4-11.1 | Health Services Support Operations |
| MCRP 5-12D | Organization of Marine Corps Forces |

## MISCELLANEOUS

| | |
|---|---|
| NAVEDTRA 43908-A | Personnel Qualification Program PQS Catalog |
| DOD Directive 6490.1 | Mental Health Evaluations of Members of the Armed Forces |
| NEHC TM 89-2 | Navy Environmental Health Center Nosocomial Infection Control Manual |